

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001747

1. Entity Name
ASOMA, LLC



Principal Place of Business
**7400 MESA DRIVE
HOUSTON, TX 77028**

Mailing Address
**555 STATE ROAD
BENSALEM, PA 19020**



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0716130

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD, INC
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BOWERS, C. ROBERT
STREET ADDRESS	555 STATE ROAD
CITY-STATE-ZIP	BENSALEM, PA 19020
TITLE	MGR
NAME	HOFFMAN, MICHAEL H
STREET ADDRESS	888 SAN CLEMENTE DR., STE 250
CITY-STATE-ZIP	NEWPORT BEACH, CA 92660
TITLE	MGR
NAME	O'TOOLE, RICHARD E
STREET ADDRESS	888 SAN CLEMENTE DR., STE 250
CITY-STATE-ZIP	NEWPORT BEACH, CA 92660
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: C. Robert Bowers **C. ROBERT BOWERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/06 (215) 244-3290