

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002736

Entity Name: ASENTINEL, LLC

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

3175 LENOX PARK BLVD
SUITE 415
MEMPHIS, TN 38115 US

Current Mailing Address:

3175 LENOX PARK BLVD
SUITE 415
MEMPHIS, TN 38115 US

New Principal Place of Business:

1715 AARON BRENNER DRIVE
SUITE 417
MEMPHIS, TN 38120 US

New Mailing Address:

1715 AARON BRENNER DRIVE
SUITE 417
MEMPHIS, TN 38120 US

FEI Number: 73-1639774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PERDUE, DAVID
Address: 3175 LENOX PARK BLVD. SUITE 415
City-St-Zip: MEMPHIS, TN 38115

Title: MGR () Delete
Name: CORNERSTONE HOLDINGS, , LLC
Address: 5100 POPLAR AVE. STE. 2200
City-St-Zip: MEMPHIS, TN 38137

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PERDUE, DAVID
Address: 1715 AARON BRENNER DRIVE #417
City-St-Zip: MEMPHIS, TN 38120

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID C. PERDUE

CEO

04/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date