

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002736

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: ASENTINEL, LLC

**Current Principal Place of Business:**

1715 AARON BRENNER DRIVE  
SUITE 417  
MEMPHIS, TN 38120 US

**New Principal Place of Business:**

**Current Mailing Address:**

1715 AARON BRENNER DRIVE  
SUITE 417  
MEMPHIS, TN 38120 US

**New Mailing Address:**

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/MANAGERS:**

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

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 CEO  
Address: 1715 AARON BRENNER DRIVE #417  
City-St-Zip: MEMPHIS, TN 38120

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEBBIE PUTNAM

CFO

01/18/2007

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