2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 08, 2006 8:00 am Secretary of State 08-08-2006 90033 022 ****50.00

DOCUMENT # M0300001165 1. Entity Name ASSENT LLC						08-08-2006 90033 022 ****50.00				50.00	
Principal Place of Business Mailing Address							21	nnoto	rð		
5 MARINE VIEW PLAZA #102 Hoboken, nj 07030			5 MARINE VIEW PLAZA #102 Hoboken, nj 07030		1 (BB(BB))		im 88) 68 8 189	HEIR EIIEI EII			
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07192006	Chg-LLC	CR2E083	3 (11/05)			
City & State		,	City & State			4. FEI Numi 74-30			\rightarrow	plied For t Applicable	
Zip		Country	Zip	Country		5. Certificat	e of Status Desired		5.00 Add e Required		
6. Name and Address of Current			tagistared Agent Name			7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM					Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address ((P.O. Box Number is Not Acceptable)					
e de la companya de l			City			FL Zip Code					
	named entity		the purpose of changing its	registered office	or register	ed agent, or b	oth, in the State of F		miliar with,	and accept	
SIGNATURE		A									
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent sign	Devupés entir	when reinstating)	1	DATE		•	
Fili	ing Fee is		d title if applicable. (NOTE	Registered Agent sign	ature required	when reinstating)		ke check pay la Departmer			
Fili	ing Fee is	\$50.00		Registered Agent sign	ature required	when reinstating)	Floric	ke check pay		9	
Fili Due b	ling Fee is by Septem	s \$50.00 nber 6, 2006 MANAGING MEMBER		10. TILE	Devuper enula	when reinstating)	Floric	ke check pay la Departmer		Addition	
Piti Due b	CEOC MEYERS,	s \$50.00 nber 6, 2006 MANAGING MEMBER	IS/MANAGERS	10. TITLE NAME		when reinstating)	Floric	ke check pay la Departmer	nt of State		
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I hereby certify that the information supplied with this thing 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:

SIGNATURE AND THEED OF PRINTED NAME OF SOMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE