

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000970

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: ASRM, LLC

**Current Principal Place of Business:**

505 S. LENOLA ROAD, SUITE 231  
MOORESTOWN, NJ 08057

**New Principal Place of Business:**

**Current Mailing Address:**

505 S. LENOLA ROAD, SUITE 231  
MOORESTOWN, NJ 08057

**New Mailing Address:**

FEI Number: 42-1574144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: MGRM ( ) Delete  
Name: GRADY, ROBERT E  
Address: 505 S. LENOLA ROAD, SUITE 231  
City-St-Zip: MOORESTOWN, NJ 08057

Title: MGRM ( ) Delete  
Name: SHAFER, WENDY  
Address: 505 S. LENOLA ROAD, SUITE 213  
City-St-Zip: MOORESTOWN, NJ 08057

Title: MGRM ( ) Delete  
Name: SANDOLE, DENNIS A  
Address: 505 S. LENOLA ROAD, SUITE 231  
City-St-Zip: MOORESTOWN, NJ 08057

Title: MGRM ( ) Delete  
Name: FUSCO, ANTHONY J  
Address: 505 S. LENOLA ROAD, SUITE 231  
City-St-Zip: MOORESTOWN, NJ 08057

**ADDITIONS/CHANGES:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK WEGFAHRT

CFO

02/27/2009

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