



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90072 007 \*\*\*\*50.00

<b>DOCUMENT # L02000006420</b> 1. Entity Name <b>ASHTON ASSOCIATES OF SARASOTA, L.L.C.</b>					
Principal Place of Business <b>812 WILLOWOOD LN. NAPLES, FL 34108</b>			Mailing Address <b>812 WILLOWOOD LN. NAPLES, FL 34108</b>		
2. Principal Place of Business <b>60 SARASOTA Center Blvd</b> Suite, Apt. #, etc.			3. Mailing Address <b>60 SARASOTA Center Blvd</b> Suite, Apt. #, etc.		
City & State <b>Sarasota FL</b> Zip <b>34240</b> Country <b>USA</b>			City & State <b>Sarasota FL</b> Zip <b>34240</b> Country <b>USA</b>		
4. FEI Number <b>00-9288830 56-2360878</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>BENLISAS, DON 812 WILLOWOOD LN. NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BENINS, DON 812 WILLOWOOD LN. NAPLES, FL 34108</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Affinity Homes of Sarasota, LLC 60 SARASOTA Center Blvd. SARASOTA FL 34240</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> 		Date <b>4-26-04</b>		Daytime Phone # <b>941-379-0443</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

24060844

