


FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90106 006 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054448			
1. Entity Name ASBURY HILL PARTNERS, LLC			
Principal Place of Business 13469 WILLIAM MEYER COURT PALM BEACH GARDENS, FL 33410		Mailing Address 13469 WILLIAM MEYER COURT PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business <i>208 UNDERCLIFF AVE</i>		3. Mailing Address <i>208 UNDERCLIFF AVE</i>	
Suite, Apt. #, etc. <i># B 7</i>		Suite, Apt. #, etc. <i># B 7</i>	
City & State <i>EDGEWATER NJ.</i>		City & State <i>EDGEWATER NJ.</i>	
Zip <i>07020</i>		Country <i>BERGEN</i>	
4. FEI Number <i>72-1597501</i>		Applied For No: Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fees Required			
6. Name and Address of Current Registered Agent PUMPHREY, GERALD R 11000 PROSPERITY FARMS ROAD, SUITE 300 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MORM CALABRIA, ELLENA 13469 WILLIAM MEYER COURT PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <i>Ellena Calabria</i>		<i>8-15-05 201-943-7039</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF DOMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	