

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90022 008 \*\*\*\*55.00

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**DOCUMENT # L05000021031**

1. Entity Name  
**FLORIDA ASHLEY PLACE INVESTORS, LLC**



Principal Place of Business      Mailing Address  
**8402 LAUREL FAIR CIRCLE STE 205**      **8402 LAUREL FAIR CIRCLE STE 205**  
**TAMPA, FL 33610**      **TAMPA, FL 33610**

2. Principal Place of Business      3. Mailing Address  
**9260 Bay Plaza Blvd**      **9260 Bay Plaza Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**501**      **501**



03312008    Chg-LLC    CR2E083 (11/05)

City & State      City & State  
**TAMPA FL**      **Tampa FL**

4. FEI Number      Applied For  
**20-2444712**      Not Applicable

Zip      Country      Zip      Country  
**33619**           **33619**

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NASH, THOMAS C**  
**625 COURT STREET STE. 200**  
**CLEARWATER, FL 33756**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHLEY PLACE REALTY, LLC 8402 LAUREL FAIR CIRCLE STE 205 TAMPA, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9260 Bay Plaza Blvd #501</b> <b>Tampa FL 33619</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing 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 TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #