

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000153892

**Entity Name:** SBAF MORTGAGE FUND I/HOLDING-ASHFORD LLC

**Current Principal Place of Business:**

1801 HERMITAGE BLVD., STE 600  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1801 HERMITAGE BLVD., STE 600  
TALLAHASSEE, FL 32308 US

**FEI Number:** 80-0397235

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title            AMBR  
Name            SBAF MORTGAGE FUND I/HOLDING  
                    LLC  
Address        1801 HERMITAGE BLVD., STE 600  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHAWNA MURPHY

**RE ENTITY  
ADMINISTRATOR**

**02/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

Date