

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000003475

1. Entity Name
ASHLAND HOMES, L.L.C.



Principal Place of Business
665 HAROLD AVENUE
WINTER PARK, FL 32789

Mailing Address
665 HAROLD AVENUE
WINTER PARK, FL 32789



04252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662661

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NADER, MICHAEL A
665 HAROLD AVE
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME NADER, MICHAEL A
STREET ADDRESS 665 HAROLD AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VP
NAME NADER, AMY S
STREET ADDRESS 665 HAROLD AVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
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CITY-ST-ZIP

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U00000538396
05/09/06-80053-010 50.00

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IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/06 407-622-7100