


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90022 013 ***138.75

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		
2. Principal Place of Business - No P.O. Box # 1501 W. Colonial Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 547756 <small>Suite, Apt. #, etc.</small>			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-3662661	
Zip 32804		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NADER, MICHAEL A 665 HAROLD AVE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1501 W. Colonial Dr. City Orlando FL Zip Code 32804		
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 <u><i>Michael A. Nader</i></u> Michael A. Nader P DATE 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P	NAME NADER, MICHAEL A		TITLE 1501 W. Colonial Dr.	NAME Orlando, FL 32804	
STREET ADDRESS 665 HAROLD AVENUE	CITY-ST-ZIP WINTER PARK, FL 32789		STREET ADDRESS 1501 W. Colonial Dr.	CITY-ST-ZIP Orlando, FL 32804	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Delete <input type="checkbox"/>	
TITLE VP	NAME NADER, AMY S		TITLE 1501 W. Colonial Dr.	NAME Orlando, FL 32804	
STREET ADDRESS 665 HAROLD AVE	CITY-ST-ZIP WINTER PARK, FL 32789		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Delete <input type="checkbox"/>	
TITLE	Delete <input type="checkbox"/>		TITLE	Delete <input type="checkbox"/>	
NAME	Delete <input type="checkbox"/>		NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	Delete <input type="checkbox"/>		STREET ADDRESS	Delete <input type="checkbox"/>	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Delete <input type="checkbox"/>	
TITLE	Delete <input type="checkbox"/>		TITLE	Delete <input type="checkbox"/>	
NAME	Delete <input type="checkbox"/>		NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	Delete <input type="checkbox"/>		STREET ADDRESS	Delete <input type="checkbox"/>	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Delete <input type="checkbox"/>	
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: <u><i>Amy S. Nader</i></u> Amy S. Nader VP			Date 4-29-08 Daytime Phone # 407-622-7100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					