


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90034 009 ***138.75

DOCUMENT # L00000007118	
1. Entity Name ASHLAND DEVELOPMENT, L.L.C.	

Principal Place of Business 665 HAROLD AVENUE WINTER PARK, FL 32789	Mailing Address 665 HAROLD AVENUE WINTER PARK, FL 32789
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60037464



2. Principal Place of Business - No P.O. Box # 1501 W. Colonial Dr.	3. Mailing Address PO Box 547756
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

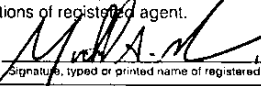
City & State Orlando, FL	City & State Orlando, FL
Zip 32804	Zip 32854 7756
Country USA	Country USA

4. FEI Number 20-0102548	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NADER, MICHAEL A 665 HAROLD AVENUE WINTER PARK, FL 32789	
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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	
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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.	Michael A. Nader, Mgrm (NOTE: Registered Agent signature required when reinstating) DATE 4-29-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NADER, MICHAEL 665 HAROLD AVENUE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 W. Colonial Dr. Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NADER, AMY S 665 HAROLD AVENUE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 W. Colonial Dr. Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE	Amy S. Nader, mgr Date 4-29-08	407-622-7100 Daytime Phone #
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