## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

ASHLEY PARTNERS I, LLC

DOCUMENT # L00000014940

Mailing Address

50 E. SAMPLE RD., STE. 400 POMPANO BEACH, FL 33064

Principal Place of Business

50 E. SAMPLE RD., STE. 400 POMPANO BEACH, FL 33064

## **FILED** Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90039 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

04122007 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number

65-1089812 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SCHEER, DANA M 50 E. SAMPLE RD., STE. 400 POMPANO BEACH, FL 33064

## 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 little if applicable.	(NOTE: Registered Agent signature required when reinstat	ong) DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	FLORESCUE, BARRY		
STREET ADDRESS	50 E. SAMPLE ROAD, STE 400		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		
TITLE	ASSOCIATE MANAGER		
NAME	DANA M. SCHEER		
STREET ADDRESS			
CITY-ST-ZIP	50 E. SAMPLE ROAD, STE, 400 POMPANO BEACH, FL 33064	i	
TITLE			
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NAME			

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 feceiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #