2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000015618

ASHLEY AVENUE MANAGERS, LLC



Principal Place of Business

580 VILLAGE BLVD.

SUITE 300 WEST PALM BEACH, FL 33409

Mailing Address

580 VILLAGE BLVD.

SUITE 300 WEST PALM BEACH, FL 33409



FILED Mar 25, 2004 8:00 am Secretary of State

03-25-2004 90220 001 ***100.00

34002098



02252004 No Chg-LLC

CR2E083 (10/03)

Fee Required

4. FEI Number		Applied For
65-1 <u>061</u> 819		Not Applicable
5. Certificate of Status Desired	\$5.00	O Additional

6. Name and Address of Current Registered Agent

DENHOLTZ, STEWART F 580 VILLAGE BLVD. **SUITE 300** WEST PALM BEACH, FL 33409 DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2004	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	DENHOLTZ, STEWART F	
STREET ADDRESS	580 VILLAGE BLVD., SUITE 300	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	<u></u>
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CITY-ST-ZIP

3/18/04

86-142-0100

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

Daytime Phone #