

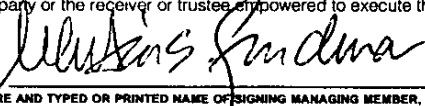


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90129 036 \*\*\*\*50.00

<b>DOCUMENT # L00000015742</b> 1. Entity Name <b>ASH CHEMICAL, LLC</b>					
Principal Place of Business <b>600 S NORTH LAKE BLVD STE 160 ALTAMONTE SPRINGS, FL 32701</b>			Mailing Address <b>600 S NORTH LAKE BLVD., STE 160 ALTAMONTE SPRINGS, FL 32701</b>		
2. Principal Place of Business <b>2180 W. State Road 434</b> Suite, Apt. #, etc. <b>Suite 2118</b> City & State <b>Longwood, FL</b> Zip <b>32779</b> Country <b>USA</b>		3. Mailing Address <b>2180 W. State Road 434</b> Suite, Apt. #, etc. <b>Suite 2118</b> City & State <b>Longwood, FL</b> Zip <b>32779</b> Country <b>USA</b>			
4. FEI Number <b>59-3709611</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01112006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>FRIEDMAN, MARTIN S ROSE, SUNDSTROM &amp; BENTLEY LLP 600 S NORTH LAKE BLVD STE 160 ALTAMONTE SPRINGS, FL 32701</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>Sanlando Center</b> <b>2180 W. State Road 434, Suite 2118</b> City <b>Longwood</b> State <b>FL</b> Zip Code <b>32779</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FRIEDMAN, MARTIN S 600 S NORTH LAKE BLVD STE 160 ALTAMONTE SPRINGS, FL 32701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2180 W. State Road 434, Suite 2118 Longwood, FL 32779</b>	
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	
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.					
<b>SIGNATURE:</b> 			Date <b>1.20.06</b> Daytime Phone # <b>407.830.6331</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					