

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-03-2002 90014 032 ****50.00

DOCUMENT # L01000005616

1. Entity Name

ASH ARI PROPERTIES, LLC

Principal Place of Business

4235 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address

4235 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1101723

Applied For

Not Applicable

5. Certificate of Status Desired - ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, BARBARA
 4235 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Barbara Palmer
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

3-25-02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE *Managing Partner* ☐ Delete
 NAME *Barbara Palmer*
 STREET ADDRESS *2295 GULF OF MEXICO DR.*
 CITY-ST-ZIP *Longboat Key FL 34228*

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *Managing Partner* ☐ Delete
 NAME *Charles Palmer*
 STREET ADDRESS *6301 CIA DR*
 CITY-ST-ZIP *FT Smith, AR 72903*

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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:

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

Date

Daytime Phone #

3-25-02

941-3833788 ext.

CR2E063 (9/01)