

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

0006957

**DOCUMENT # L01000017357**

1. Entity Name

**ASHREN COVENTRY, LLC**

02-19-2002 90041 037 \*\*\*\*50.00

Principal Place of Business <b>190 SOUTHEAST 19TH AVE. C/O AHEARN, JASCO &amp; COMPANY, P.A. POMPANO BEACH FL 33060</b>	Mailing Address <b>190 SOUTHEAST 19TH AVE. C/O AHEARN, JASCO &amp; COMPANY, P.A. POMPANO BEACH FL 33060</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number       Applied For  
 Not Applicable

Zip      Country      Zip      Country      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

**JAUMOT, FRANK  
 190 SOUTHEAST 19TH AVE.  
 C/O AHEARN, JASCO & COMPANY, P.A.  
 POMPANO BEACH FL 33060**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MANAGING MEMBER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>FRANK ASHER</b>		
	<b>190 SE 19TH AVE</b>		
	<b>POMPANO BEACH, FL 33060</b>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

**FRANK JAUMOT, AUTHORIZED REPRESENTATIVE.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** **2/5/02** **DAYTIME PHONE #:** **954-781-9800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)