

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90188 044 ****50.00

DOCUMENT # L01000022776					
1. Entity Name ASHFORD PROPERTIES LLC					
Principal Place of Business 3206 CALLE LARGO DR HOLLYWOOD, FL 33021 US			Mailing Address 3206 CALLE LARGO DR HOLLYWOOD, FL 33021 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI, FL		4. FEI Number 01-0557668	
Zip 33137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, BRIAN T 3206 CALLE LARGO DR HOLLYWOOD, FL 33020-1			7. Name and Address of New Registered Agent Name: Brian T. Carter Street Address (P.O. Box Number is Not Acceptable): 2006 BISCAYNE BLVD City: MIAMI FL Zip Code: 33137		
I, 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: DATE: 3/7/04					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, BRIAN T 3206 CALLE LARGO HOLLYWOOD, FL 33021	<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	MGRM MORGAN, CROSBY A 3206 CALLE LARGO HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(f), 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:			Date: 3/7/04 Daytime Phone #: 305 582 2424		