2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L02000006936

Entity Name: FS-ASHTON PARSONS, L.L..C.

Current Principal Place of Business:

1745 W. FLETCHER AVENUE
TAMPA, FL 33612 US

New Principal Place of Business:

1733 W. FLETCHER AVENUE
TAMPA, FL 33612 US

Current Mailing Address:

1745 W. FLETCHER AVENUE
TAMPA, FL 33612 US

New Mailing Address:

1733 W. FLETCHER AVENUE
TAMPA, FL 33612 US

FEI Number: 01-0641343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICE, MICHAEL P
1745 W. FLETCHER AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

RICE, MICHAEL P
1733 W. FLETCHER AVENUE
TAMPA, FL 33612 US

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: 04/28/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RICE, MITCHELL F MGR
Address: 1745 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: MGR ( ) Delete
Name: DELGADO, SERGIO
Address: 1133 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RICE, MITCHELL F MGR
Address: 1733 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MITCHELL F. RICE MGR 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date