2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Jun 20, 2008 8:00 am Secretary of State

05-28-2008 90138 004 ***138.75

DOCUMENT # L02000021608

1. Entity Name

ASHTON PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
7914 SLOANE GARDENS COURT, UNIVERSITY BRADENTON FL 34201	7914 SLOANE GARDENS COURT, UNIVERSITY BRADENTON FL 34201

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7914 SLOANE GARDENS COURT	7914 SLOANE GARDENS COURT
Suite, Apt. #, etc.: UNIVERSITY PARK	Suite, Apt. #, etc.: UNIVERSITY PARK
City & State: BRADENTON FL.	City & State: BRADENTON FL
Zip: 34201 Country:	Zip: 34201 Country:

4. FEI Number 37-1443378 ☐ 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
MYERS, TROY H JR, ESQ 2033 MAIN STREET, STE. 600 SARASOTA FL 34237	Name: TERENCE MAXWELL ASHTON Street Address (P.O. Box Number is Not Acceptable): 7914 SLOANE GARDENS COURT UNIVERSITY PARK City: BRADENTON FL Zip Code: 34201

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 T.M. [signature] DATE 4/23/2008.

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYERS, TROY H JR, ESQ 2033 MAIN STREET, STE. 600 SARASOTA FL 34237	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHTON, SHIRLEY 3306 HIGHLANDS BRIDGE ROAD SARASOTA FL 34235	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: T.M. [signature] 18 JUNE 2008 941 3511578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #