### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L02000023954

Entity Name

LAKE ASHTON MANAGEMENT, LLC



Principal Place of Business

500 SOUTH FLORIDA AVENUE, STE. 700

LAKELAND, FL 33801

Mailina Address

500 SOUTH FLORIDA AVENUE, STE. 700 LAKELAND, FL 33801

## FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90142 003 \*\*\*\*55.00



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01152004 No Chg-LLC

CR2E083 (10/03)

4. FEt Number 35-2180732

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD L ESQ. CLARK, CAMPBELL & MAWHINNEY, P.A. 500 S. FLORIDA AVE., STE. 700 LÄKELAND, FL 33801

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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

"Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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#### Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CRF MANAGEMENT CO., INC.
STREET ADDRESS	500 S, FLORIDA AVE., STE. 700
CITY-ST-ZIP	LAKELAND, FL 33801
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NAME **	
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CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the ex	

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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.

SIGNATURE:

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

4/30/04 803-1247-1581

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