2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030972

1. Entity Name
MISS ASHLEE, LLC

Principal Place of Business	Mailing Address
3440 NW 25TH AVE. POMPANO BEACH, FL 33069	3440 NW 25TH AVE. POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

(L02000030972C)

04092004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
32-0043392	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BERKOWITZ, RICHARD A
200 S. BISCAYNE BLVD., 6TH FL
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000154322
05/04/04-80156-019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	FALL, EUGENE O
STREET ADDRESS	3440 NW 25TH AVE.
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/27/04   9549438939

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