

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -6 AM 9:28

DOCUMENT # L03000001998																																																																																																																																			
1. Entity Name ASHTON POINTE, LLC																																																																																																																																			
Principal Place of Business 31-A SARASOTA CENTER BLVD. SARASOTA, FL 34240			Mailing Address 31-A SARASOTA CENTER BLVD. SARASOTA, FL 34240																																																																																																																																
2. Principal Place of Business 60 SARASOTA CENTER BLVD. Suite, Apt. #, etc.		3. Mailing Address 60 SARASOTA CENTER BLVD. Suite, Apt. #, etc.																																																																																																																																	
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 58-2670696																																																																																																																															
Zip 34240		Country SARASOTA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent VOIGT-STEPHEN F SR 2042 BEE RIDGE ROAD SARASOTA, FL 34239				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																																																																															
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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;">☒ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>KOLBE, JOSEPH</td> <td></td> <td>NAME</td> <td>Affinity Homes of Sarasota, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>31-A SARASOTA CENTER BLVD.</td> <td></td> <td>STREET ADDRESS</td> <td>60 SARASOTA CENTER BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34240</td> <td></td> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34240</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☒ Delete</td> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>BEVINS, DONALD</td> <td></td> <td>NAME</td> <td>Real Estate Synergies Corp.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>31-A SARASOTA CENTER BLVD.</td> <td></td> <td>STREET ADDRESS</td> <td>312 Willowood Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34240</td> <td></td> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34108</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	☒ Delete	TITLE	MGRM	☐ Change ☒ Addition	NAME	KOLBE, JOSEPH		NAME	Affinity Homes of Sarasota, LLC		STREET ADDRESS	31-A SARASOTA CENTER BLVD.		STREET ADDRESS	60 SARASOTA CENTER BLVD.		CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	SARASOTA, FL 34240		TITLE	MGRM	☒ Delete	TITLE	MGRM	☐ Change ☒ Addition	NAME	BEVINS, DONALD		NAME	Real Estate Synergies Corp.		STREET ADDRESS	31-A SARASOTA CENTER BLVD.		STREET ADDRESS	312 Willowood Lane		CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	NAPLES, FL 34108		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>L. J. R. L. W. J.</u> for Affinity Homes of Sarasota - Managing Member 1/11/04 941-579-0443																																																																																																																																			