
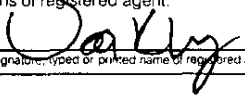
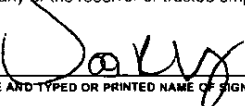


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90201 001 ****50.00

DOCUMENT # L03000001998 1. Entity Name ASHTON POINTE, LLC					
Principal Place of Business 60 SARASOTA CENTER BLVD. SARASOTA, FL 34240			Mailing Address 60 SARASOTA CENTER BLVD. SARASOTA, FL 34240		
2. Principal Place of Business 2653 Stickney Point Road Suite, Apt. #, etc.		3. Mailing Address 2653 Stickney Point Road Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 58-2670696	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 David Winterrowd Street Address (P.O. Box Number is Not Acceptable) 2653 Stickney Point Road City Sarasota FL Zip Code 34231		
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  DATE 3-10-06 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM AFFINITY HOMES OF SARASOTA, LLC 60 SARASOTA CENTER BLVD. SARASOTA, FL 34240 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Member Affinity Homes of Sarasota LLC PO Box 18027 Sarasota FL 34276 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM REAL ESTATE SYNERGIES CORP. 812 WILLOWWOOD LANE NAPLES, FL 34108 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 				Date 3-10-06 Daytime Phone # 941-921-2989	