

Apr. 28. 2004 12:10PM

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90003 007 ****50.00

DOCUMENT # L03000016892

1. Entity Name
ASHEN, LLC



Principal Place of Business
2607 EDGEWATER DRIVE
ORLANDO, FL 32804

Mailing Address
6906 FOREST CITY ROAD
ORLANDO, FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-LLC CR2E06 0/03)

City & State

City & State

4. FEI Number

51-04168138

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ ☐ \$

Additional
Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, DAVID S
5728 MAJOR BOULEVARD
SUITE 550
ORLANDO, FL 32819

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 the owner of the entity, or the authorized representative of the entity, and I 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 re-registering)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
ABIDE, ELLIS
6906 FOREST CITY ROAD
ORLANDO, FL 32810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change ☐ Addition

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CITY-STATE-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change ☐ Addition

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/27/04

City/Phone #