

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000019738</b>	
1. Entity Name <b>ASHBE INVESTMENTS, LLC</b>	
Principal Place of Business <b>5727 SW 130 TERRACE PINECREST, FL 33156 US</b>	Mailing Address <b>5727 SW 130 TERRACE PINECREST, FL 33156 US</b>



04132005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0026897</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BERNEY & ASSOCIATES, P.A.  
9700 S. DIXIE HIGHWAY  
SUITE 500  
MIAMI, FL 33156**

**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, 2005**

000000308104  
04/15/05-80082-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CDJ, INC. 5727 SW 130 TERRACE PINECREST, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM 1259, LLC 2165 SW 103 PLACE MIAMI, FL 33165</b>
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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:** \_\_\_\_\_

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

**M. SCHLETEN**

**04/13/05**

Date

Daytime Phone #

**786-301-4114**