


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90215 005 \*\*\*\*50.00

**DOCUMENT # L03000043010**

1. Entity Name  
**ASHLEY FAMILY HOLDINGS, LLC**



Principal Place of Business  
**6800 NW 9TH BOULEVARD  
 SUITE 4  
 GAINSVILLE, FL 32605 US**

Mailing Address  
**PO BOX 90129  
 GAINSVILLE, FL 32607 US**

**30009961**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02112005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
**APPLIED FOR**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**MORRIS, STUART R ESQ.  
 7000 W. PALMETTO PARK ROAD  
 SUITE 310  
 BOCA RATON, FL 33433**

**(20-2946932)**

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 resigning) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	ASHLEY, ROBERT G JR.	PO BOX 90129	GAINSVILLE, FL 32607	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Robert G. Ashley Jr.* **4/1/05**

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