


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000043010 1. Entity Name ASHLEY FAMILY HOLDINGS, LLC	
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Principal Place of Business 6800 NW 9TH BOULEVARD SUITE 4 GAINSVILLE, FL 32605 US	Mailing Address PO BOX 90129 GAINSVILLE, FL 32607 US
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DO NOT WRITE IN THIS SPACE



01162006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2946932	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

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

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

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ASHLEY, ROBERT G JR. PO BOX 90129 GAINSVILLE, FL 32607
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U00000539309  
05/09/06-80092-018 50.00

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: *Robert G Ashley* Date: April 25, 2006 Daytime Phone #: 352-391-7700

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