
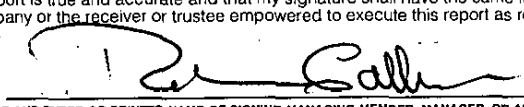


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90150 030 \*\*\*\*50.00

|  |                                      |  |   |   |  |
|--|--------------------------------------|--|---|---|--|
| <b>DOCUMENT # L03000056426</b>   |                                      |  |   |  |  |
| <b>1. Entity Name</b><br>ASHMORE GALLERY LLC   |                                      |  |   |   |  |
| <b>Principal Place of Business</b><br>5225 COLLINS AVE.<br># 621<br>MIAMI BEACH, FL 33140 US   |                                      |  | <b>Mailing Address</b><br>P.O. BOX 8747<br>SAVANNAH, GA 31401 US                  |   |  |
| <b>2. Principal Place of Business</b>  |                                      | <b>3. Mailing Address</b>                                |   |   |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc.                                      |   |   |  |
| City & State   |                                      | City & State   |   |   |  |
| Zip  | Country                              | Zip  | Country   | 07302004 Chg-LLC CR2E083 (10/03)  |  |
| <b>4. FEI Number</b><br>84-1634043   |                                      |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |                                      |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |                                      |  | <b>7. Name and Address of New Registered Agent</b>                                |   |  |
| CALLEN, ROBINSON<br>5225 COLLINS AVE.<br># 621<br>MIAMI BEACH, FL 33140  |                                      |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>   |                                      |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                      |  |   |   |  |
| <b>Filing Fee is \$50.00 Due by September 8, 2004</b>  |                                      | <b>Make check payable to Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                                      |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | CALLEN, ROBINSON                     |  | NAME  |   |  |
| STREET ADDRESS   | 5225 COLLINS AVE., # 621             |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | MIAMI BEACH, FL 33140                |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |  | NAME  |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |  | NAME  |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |  | NAME  |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |  | NAME  |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |  |
| <b>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.</b> |                                      |  |   |   |  |
| <b>SIGNATURE:</b>  MGRM   |                                      |  | 8/2/04 305-401-3825   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      |  | Daytime Phone #   |   |  |