

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057069

FILED  
Jul 20, 2005  
Secretary of State

**Entity Name:** ASHTON BUSINESS PARK, LLC

**Current Principal Place of Business:**

5125 EAST IRLO BRONSON HWY  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

4499 WEST IRLO BRONSON HWY  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 20-0551454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROCKER, WILLIAM  
6128 WATERFIELD WAY  
ST. CLOUD, FL 34771      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROCKER, WILLIAM  
Address: 6128 WATERFIELD WAY  
City-St-Zip: ST. CLOUD, FL 34771

Title: MGR ( ) Delete  
Name: ROCKER, JEANNIENE  
Address: 6128 WATERFIELD WAY  
City-St-Zip: ST. CLOUD, FL 34771

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM ROCKER

MGRM

07/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date