


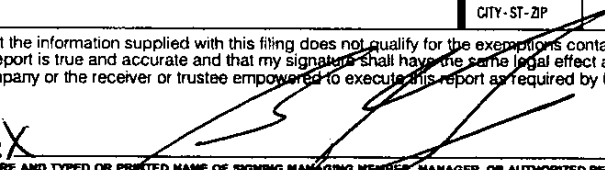


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90304 039 ****50.00

DOCUMENT # L04000028870 1. Entity Name ASHLEY LAKES, LLC																													
Principal Place of Business 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308			Mailing Address 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">20005086</div>  <div style="display: flex; justify-content: space-around; font-weight: bold;"> 02092007 Chg-LLC CR2E083 (12/06) </div>																									
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number 81-0648757		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">20005086</div>  <div style="display: flex; justify-content: space-around; font-weight: bold;"> 02092007 Chg-LLC CR2E083 (12/06) </div>																									
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S ESQUIRE 317 - 71ST STREET MIAMI BEACH, FL 33141																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																													
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, 2007		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 8px;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>MARKOFKY, STANLEY</td> <td></td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>17776 VILLA CLUB WAY</td> <td></td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td>BOCA RATON, FL 33496</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 8px;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MARKOFKY, STANLEY		STREET ADDRESS	17776 VILLA CLUB WAY		CITY-ST-ZIP	BOCA RATON, FL 33496		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete																											
NAME	MARKOFKY, STANLEY																												
STREET ADDRESS	17776 VILLA CLUB WAY																												
CITY-ST-ZIP	BOCA RATON, FL 33496																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE </div> <div style="width: 40%; text-align: center;"> <div style="font-size: 24px; font-weight: bold;">2/22/07</div> <div style="font-size: 18px; font-weight: bold;">(954) 567-5161</div> <div style="font-size: 8px;">Date Daytime Phone #</div> </div> <div style="width: 20%; text-align: center;"> Stanley Markofsky, managing member </div> </div>																													