

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-22-2005 90048 022 \*\*\*\*50.00  
L04000032638

**FILED**

05 JUN 15 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20040413



<b>DOCUMENT # L04000032638</b> 1. Entity Name <b>ASHLEY FIELDS L.L.C.</b>					
Principal Place of Business <b>270 WAYMONT CT, STE 110 LAKE MARY, FL 32746</b>			Mailing Address <b>270 WAYMONT CT, STE 110 LAKE MARY, FL 32746</b>		
2. Principal Place of Business <b>24525 CR 44A</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>P.O. Box 520</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Eustis, FL</b> <small>Zip</small> <b>32736</b> <small>Country</small> <b>Lake</b>		City & State <b>Sorrento, FL</b> <small>Zip</small> <b>32776</b> <small>Country</small> <b>Lake</b>		4. FEI Number <b>800122973</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FORD, ALBERT E II ESQ 270 WAYMONT CT, STE 110 LAKE MARY, FL 32746</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CARSON, MARK R PO BOX 520 SORRENTO, FL 32776</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARSON, ASHLEY W PO BOX 520 SORRENTO, FL 32776</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>SIGNATURE:</b> <u><i>Mark R Carson</i></u> <b>MANAGING MEMBER</b>				<b>4-15-05</b> <b>1352-357-5180</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	