2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # L04000032638** 1. Entity Name **ASHLEY FIELDS L.L.C.** Principal Place of Business Mailing Address 24525 CR 44 A 24525 CR 44 A EUSTIS, FL 32736 EUSTIS, FL 32736 01242007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0122973 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARSON, MARK DO NOT WRITE 24525 CR 44A LAKE MARY, FL 32746 IN THIS SPACE 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) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME CARSON, MARK R **PO BOX 520** STREET ADDRESS SORRENTO, FL 32776 U00000685530 04/09/07-80007-025 50.00 CITY-ST-ZIP MGRM CARSON, ASHLEY W NAME **PO BOX 520** STREET ADDRESS CITY-ST-ZIP SORRENTO, FL 32776 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZiP TtT1 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

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