2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000032638

1. Entity Name ASHLEY FIELDS L.L.C.



FILED Apr 11, 2008 08:00 All Secretary of State

Principal Place of Business

24525 CR 44 A EUSTIS, FL 32736 Mailing Address

24525 CR 44 A EUSTIS, FL 32736



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 80-0122973 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARSON, MARK 24525 CR 44A LAKE MARY, FL 32746

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8.	The above named entity submits this statement for the purpose of changing its registered office of	or registered agent, or both,	in the State of Florida.	I am familiar with, and acce	pt
	the obligations of registered agent.				

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000891664 04/23/08-80033-021 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARSON, MARK R PO BOX 520 SORRENTO, FL 32776		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARSON, ASHLEY W PO BOX 520 SORRENTO, FL 32776		
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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.

SIGNATURE: MANUE LARSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/30/08

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