

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047119

Entity Name: ASHLEY DRIVE, LLC

FILED  
May 08, 2008  
Secretary of State

**Current Principal Place of Business:**

924 GAINESVILLE HIGHWAY, SUITE 130  
BUFORD, GA 30518

**New Principal Place of Business:**

3589 CARTER RD. SUITE 101  
BUFORD, GA 30518

**Current Mailing Address:**

924 GAINESVILLE HIGHWAY, SUITE 130  
BUFORD, GA 30518

**New Mailing Address:**

3589 CARTER RD. SUITE 101  
BUFORD, GA 30518

FEI Number: 86-1107643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

CT CORPORTION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324      US

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

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: DOOLEY, TERRY W  
Address: 924 GAINESVILLE HIGHWAY, SUITE 130  
City-St-Zip: BUFORD, GA 30518

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: DOOLEY, TERRY W  
Address: 3589 CARTER RD. SUITE 101  
City-St-Zip: BUFORD, GA 30518

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHELLEY PARSONS

ACCT

05/08/2008

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