


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90199 033 ****50.00

| | | |
|---|---|---|
| DOCUMENT # L04000049528 1. Entity Name ASH INVESTMENTS, LLC | |  |
| Principal Place of Business 4200 CORAL HILL DRIVE CORAL SPRINGS FL 33066 | | Mailing Address 4200 CORAL HILL DRIVE CORAL SPRINGS FL 33066 |
| 2. Principal Place of Business <i>4200 Coral Hill Drive</i> | 3. Mailing Address <i>4200 Coral Hill Drive</i> | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State <i>Coral Springs</i> | City & State <i>FLA 33065</i> | 4. FEI Number 76-0779288 |
| Zip <i>33065</i> | Country <i>U.S.</i> | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent HARRIS, ALSHINARD 4200 CORAL HILL DRIVE CORAL SPRINGS FL 33066 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to: Florida Department of State Due By May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRIS, JOHN L 4200 CORAL HILL DRIVE CORAL SPINGS FL 33066 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRIS, PATRICIA 4200 CORAL HILL DRIVE CORAL SPRINGS FL 33066 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRIS, ALSHINARD 4200 CORAL HILL DRIVE CORAL SPRINGS FL 33066 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRIS, ALSHINARD 4200 CORAL HILL DRIVE CORAL SPRINGS FL 33066 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRIS, ALSHINARD 4200 CORAL HILL DRIVE CORAL SPRINGS FL 33066 | <input type="checkbox"/> Delete |



1st MOORE CR2E083 (10/05)

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ *[Signature]* 2-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #