


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90101 002 ***282.50

DOCUMENT # L04000049528

1. Entity Name
ASH INVESTMENTS, LLC



| | |
|--|--|
| Principal Place of Business 4200 CORAL HILL DRIVE CORAL SPRINGS, FL 33065 | Mailing Address 4200 CORAL HILL DRIVE CORAL SPRINGS, FL 33065 |
|--|--|

DO NOT WRITE IN THIS SPACE



03172008 No Chg-LLC CR2E083 (12/07)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 76-0779288 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" 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**

DO NOT WRITE 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) DATE: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRIS, ALSHINARD 4200 CORAL HILL DRIVE CORAL SPRINGS, FL 33066 |
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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: *[Signature]* Date: 3-21-08 Daytime Phone # _____

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