2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# L04000050581

Entity Name: ASHTON INVESTMENT LLC

Current Principal Place of Business:

15901 MANNING DR
TAMPA, FL 33613 US

New Principal Place of Business:

14502 BRENTWOOD DR.
TAMPA, FL 33618 US

Current Mailing Address:

15901 MANNING DR
TAMPA, FL 33613 US

New Mailing Address:

14502 BRENTWOOD DR.
TAMPA, FL 33618 US

FEI Number: 74-3125917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DALFINO, DANIEL
15901 MANNING DR
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

DALFINO, DANIEL
14502 BRENTWOOD DR.
TAMPA, FL 33618 US

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: 01/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DALFINO, DANIEL
Address: 15901 MANNING DR
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM ( ) Delete
Name: DALFINO, TONYA
Address: 15901 MANNING DR
City-St-Zip: TAMPA, FL 33613 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DALFINO, DANIEL
Address: 14502 BRENTWOOD DR.
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM (X) Change ( ) Addition
Name: DALFINO, TONYA
Address: 14502 BRENTWOOD DR.
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL DALFINO MGRM 01/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date