FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90027 032 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000055474

1. Entity Name

Ashton Commerce Park, LLC

Principal Place of Business — Mailing Address

Ashton Commerce Park, LLC.
240 north Washington Blvd., St. 420
Sarasota, FL 34236

03092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
SAA	SAA
Suite, Apt #, etc: —	Suite, Apt # etc: —
City & State	City & State
Zip — Country —	Zip — Country USA

4. FEI Number: 20-1440061 — [ ] Applied For [✓] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICE & GRAUS, P.L.
1900 MAIN STREET
STE 300
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name: N/A

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: N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9.	Principal MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE	Nicholas Jodhan	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	7349 Featherstone Blvd		NAME		
STREET ADDRESS	Sarasota FL 34236		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-19-05 Date — 941-366-9730 Daytime Phone #