


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-14-2006 90031 046 ****50.00

DOCUMENT # L04000060552

1. Entity Name
ASHINGTON MANAGEMENT, LLC



Principal Place of Business
**4907 HALLSTEAD WAY
 TAMPA, FL 33647 US**

Mailing Address
**P. O. BOX 48155
 TAMPA, FL 33647--320 US**

2. Principal Place of Business
6215 Abbot Station Dr.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Zephyrhills, FL

City & State
 City & State

Zip
33542

Country

6. Name and Address of Current Registered Agent
**GREGG, WILLIAM G
 14144 6TH STREET
 DADE CITY, FL 33525**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEVALLOS, PEDRO 850 APPLETREE COURT NORTH BROOK, IL 60062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Asbury Management, LLC PO Box 48155 Tampa, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Edmund Peters **3/24/06** **815/755-9055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Edmund Peters, manager, Asbury Management, LLC