


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L04000060552

1. Entity Name
 ASHINGTON MANAGEMENT, LLC



Principal Place of Business
 6215 ABBOT STATION DR
 ZEPHYRHILLS, FL 33542 US

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

DO NOT WRITE IN THIS SPACE



02132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0100203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGG, WILLIAM G
 14144 6TH STREET
 DADE CITY, FL 33525

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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, 2007**

000000652583
 03/12/07-80024-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASBURY MANAGEMENT, LLC P.O. BOX 48155 TAMPA, FL 33647
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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* 2-19-'07 (813) 910-7364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #