2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000060552

1. Entity Name

ASHINGTON MANAGEMENT, LLC

Principal Place of Business

6215 ABBOT STATION DR ZEPHYRHILLS, FL 33542 U Mailing Address

P. O. BOX 48155

TAMPA, FL 33647--320 US

FILED Jan 22, 2008 08:00 A Secretary of State



01152008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	27-0100203	

Applied For Not Applicable

5. Certificate of Status Desired

\$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

Signature, typed or printed name of registered agent and title if applicable

(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	MGR ASBURY MANAGEMENT, LLC
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 48155 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•
44 Lboroby	positive that the information expedied with this filing does not qualify for the

U00000791104 01/23/08-80060-021 138.75

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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:

JRE: Character Tuber of Authorized Representative

1-18-08

Daytme Phone #