

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072011

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: ASH'S LLC

**Current Principal Place of Business:**

38 SOUTH FEDERAL HIGHWAY, SUITE 2  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

38 SOUTH FEDERAL HIGHWAY, SUITE 6  
DANIA BEACH, FL 33004

**Current Mailing Address:**

38 SOUTH FEDERAL HIGHWAY, SUITE 2  
DANIA BEACH, FL 33004

**New Mailing Address:**

38 SOUTH FEDERAL HIGHWAY, SUITE 6  
DANIA BEACH, FL 33004

FEI Number: 57-1213843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARTINEZ, ANGEL  
3345 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARTINEZ, ANGEL  
Address: 3345 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete  
Name: OROPESA, ISRAEL  
Address: 17150 NORTH BAY ROAD, APT. #2107  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANGEL MARTINEZ

MGR

04/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date