# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 13, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000089282

1. Entity Name
ASHTON PHOENIX, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 128 BROKEN POTTERY DRIVE<br>PONTE VEDRA BEACH, FL 32082 | 128 BROKEN POTTERY DRIVE<br>PONTE VEDRA BEACH, FL 32082 |

**DO NOT WRITE IN THIS SPACE**

02012006No Chg-LLC CR2E083 (11/05)

4. FEI Number
77-0654197
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, SEAN P ESQ
SCOTT & SHEPPARD, P.A.
99 ORANGE STREET
ST AUGUSTINE, FL 32084

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | P |
| NAME | SELANDER, ROBERT |
| STREET ADDRESS | 128 BROKEN POTSERI DR |
| CITY-ST-ZIP | PONTE VEDRA, FL 32082 |
| TITLE | S |
| NAME | MARTIN, CATHERINE |
| STREET ADDRESS | 209 PINE ST |
| CITY-ST-ZIP | MARSHFIELD, MA 02050 |
| TITLE | VP |
| NAME | MARTIN, WAYNE |
| STREET ADDRESS | 209 PINE ST |
| CITY-ST-ZIP | MARSHFIELD, MA 02050 |
| TITLE | T |
| NAME | SELANDER, PATRICIA |
| STREET ADDRESS | 128 BROKEN POTSERI DR |
| CITY-ST-ZIP | PONTE VEDRA, FL 32082 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/23/06-80084-004 50.00

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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:** Robert Selander ROBERT SELANDER 2/1/06 904-543-9101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #