

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L04000089282	
1. Entity Name ASHTON PHOENIX, L.L.C.	
Principal Place of Business 128 BROKEN POTTERY DRIVE PONTE VEDRA BEACH, FL 32082	Mailing Address 128 BROKEN POTTERY DRIVE PONTE VEDRA BEACH, FL 32082



04092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0654197	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 SHEPPARD, SEAN P ESQ SCOTT & SHEPPARD, P.A. 99 ORANGE STREET ST AUGUSTINE, FL 32084	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2007**

0000000703198
04/24/07-80144-021350:00

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/07 904-543-9101