


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000011782	
1. Entity Name ASHLEY'S CUSTOM SAWING L.L.C.	

Principal Place of Business 5252 JOHNS LANE MARIANNA FL 32448	Mailing Address 5252 JOHNS LANE MARIANNA FL 32448
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2. Principal Place of Business - No P.O. Box # 5252 Johns Lane	3. Mailing Address 5252 Johns Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MARIANNA FL	City & State MARIANNA FL
Zip 32448	Zip 32448
Country Jackson	Country Jackson

FILED
07 FEB 28 AM 9:31
SECRETARY OF STATE
TALLAHASSEE

1st MOORE CR2E083 (10/06)

4. FEI Number NO-T APPLICABLE	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 GRANGER, GEORGIA 5252 JOHNS LANE MARIANNA FL 32448	7. Name and Address of New Registered Agent Name Ashley G. Granger Street Address (P.O. Box Number is Not Accepted) 5252 Johns Lane City MARIANNA, FL Zip Code 32448
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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 Ashley Granger Ashley Granger 1-29-07
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANGER, GEORGIA 5252 JOHNS LANE MARIANNA FL 32448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner/manager Ashley Granger 5252 Johns Lane MARIANNA, FL 32448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900092355179 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/13/07--01025--025 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ashley Granger Ashley Granger 1-29-07 (850) 482-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #