

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90147 020 ****55.00

DOCUMENT # L05000020765					
1. Entity Name ASCOT PROPERTIES, LLC					
Principal Place of Business 1888 BOGGY CREEK ROAD KISSIMMEE, FL 34744			Mailing Address 1888 BOGGY CREEK ROAD KISSIMMEE, FL 34744		
2. Principal Place of Business 1926 MAGICAL LANE Suite, Apt. #, etc.		3. Mailing Address 1926 MAGICAL LANE Suite, Apt. #, etc.			
City & State KISSIMMEE, FL 34744		City & State KISSIMMEE, FL 34744		4. FEI Number 55-0892552	
Zip 34744		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEARCE, TONY 1888 BOGGY CREEK ROAD KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name: PEARCE, TONY Street Address (P.O. Box Number is Not Acceptable): 1926 MAGICAL LANE City: KISSIMMEE FL Zip Code: 34744		
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARCE, TONY 1888 BOGGY CREEK ROAD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. PEARCE, TONY 1926 MAGICAL LN KISSIMMEE FL 34744	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKTHORPE, LESLEY 1888 BOGGY CREEK ROAD KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARCE, ALLISON 1926 MAGICAL LN KISSIMMEE, FL 34744	<input type="checkbox"/> Change <input checked="" 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
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 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: TONY PEARCE			02/06/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		