

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000020765

FILED
Dec 03, 2007
Secretary of State

Entity Name: ASCOT PROPERTIES, LLC

Current Principal Place of Business:

1926 MAGICAL LANE
KISSIMMEE, FL 34744

New Principal Place of Business:

2618 ONEIDA LOOP
KISSIMMEE, FL 34747

Current Mailing Address:

1926 MAGICAL LANE
KISSIMMEE, FL 34744

New Mailing Address:

2618 ONEIDA LOOP
KISSIMMEE, FL 34747

FEI Number: 55-0892552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARCE, TONY
1926 MAGICAL LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

BUCKTHORPE, LESLEY
2618 ONEIDA LOOP
KISSIMMEE, FL 34747 US

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: KELLEY BUCKTHORPE

12/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEARCE, TONY
Address: 1926 MAGICAL LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: PEARCE, ALLISON
Address: 1926 MAGICAL LANE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUCKTHORPE, LESLEY
Address: 2618 ONEIDA LOOP
City-St-Zip: KISSIMMEE, FL 34747

Title: MGR (X) Change () Addition
Name: BUCKTHORPE, KELLEY
Address: 2618 ONEIDA LOOP
City-St-Zip: KISSIMMEE, FL 34747

I hereby certify that the information supplied with this filing does not qualify 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: KELLEY BUCKTHORPE

MGR

12/03/2007

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