

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90022 008 \*\*\*\*55.00

30007343

<b>DOCUMENT # L05000021031</b>					
<b>1. Entity Name</b> FLORIDA ASHLEY PLACE INVESTORS, LLC					
<b>Principal Place of Business</b> 8402 LAUREL FAIR CIRCLE STE 205 TAMPA, FL 33610			<b>Mailing Address</b> 8402 LAUREL FAIR CIRCLE STE 205 TAMPA, FL 33610		
<b>2. Principal Place of Business</b> 9260 Bay Plaza Blvd Suite, Apt. #, etc. 501		<b>3. Mailing Address</b> 9260 Bay Plaza Blvd Suite, Apt. #, etc. 501		03312008    Chg-LLC    CR2E083 (11/05)	
<b>City &amp; State</b> TAMPA FL		<b>City &amp; State</b> TAMPA FL		<b>4. FEI Number</b> 20-2444712	
<b>Zip</b> 33619		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NASH, THOMAS C 625 COURT STREET STE. 200 CLEARWATER, FL 33756				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> ASHLEY PLACE REALTY, LLC 8402 LAUREL FAIR CIRCLE STE 205 TAMPA, FL 33610 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	9260 Bay Plaza Blvd #501 TAMPA FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					