2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000021031

1. Entity Name



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FILED

May 05, 2006 8:00 am Secretary of State 04-19-2006 90022 008 ****55.00

FLORIDA ASHLEY PLACE INVESTORS, LLC												
Principal Place of Business 8402 LAUREL FAIR CIRCLE STE 205 TAMPA, FL 33610		Mailing Address 8402 LAUREL FAIR CIRCLE STE 205 TAMPA, FL 33610				30001942						
2. Principal P	face of Business	1. Mailing Address	24									
9260 Suite, Apt.	Bay Maza Blvd	9260 Bay Place Blud Suite, Apt. #, etc.				IN ESIDI DIXI I	16771 8 2 61 8971	11 10 11 13 11 1	E MAHAN YURU JI	LEEP HI (OT)		
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^{zip} 334	Country	33619	try		5. Certificate of Status Desired \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name							
	RT STREET STE, 200	Street Address			ddress (i	P.Ö. Box Numi	per is Not /	cceptable)			
CLEARWA	ATER, FL 33756											
			City FL Zip Co						Zíp Cod	•		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office of	register	ed agent, or b	oth, in the	State of Flor	rida. I am fa	miliar with,	and accept	
SIGNATURE .	Specture, typed or printed name of registered agent a	nd title d moderatele (NOTE	- Racisterer	1 Anent sinnet	un recubed	when reinstaung)			DATE			
	<u></u>						-					
Filing Fee is \$50.00 Due by May 1, 2006									check pay Department	•	•	
9.	MANAGING MEMBER		10.				AC	OTTIONS/				
NAME	MGR ASHLEY PLACE REALTY, LLC	☐ Delete	TITLE			_	A .	α.		D)-thange	Addition	
STREET ADDRESS City-St-Zip	8402 LAUREL FAIR CIRCLE STE TAMPA, FL 33610			ET AOORESS ST-ZIP	9260 TA	o Bay!	NOZA FI	10110 1361	19 19	1	ļ	
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CITY-ST-ZIP	and the state of t	alia thina dana and an and a		ST-ZIP		- 0	Florida A.		**************************************	1b - 1-1		
17. I nereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and to bility company or the receiver or trusted	this filing does not qualify for hat my signature shall have if powered to execute this re	ine exer he same eport as	Tednited t	ntained i ct as if m by Chapti	n Chapter 119 lade under oatl er 608, Florida	, Florida St h; that I sin Statules.	atutes. I lur 1 a managi	iner certify the comber	nat the info or manage	rmation r of the	
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SIGNAT		SIGNING MANAGING MEMBER, MAN	AGER OR	AUTHORIZED	REPRESE	NTATIVE	Cete		Day	urre Phone #	 .	