

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000027225

1. Entity Name
CC ASHLEY PLANTATION REALTY, LLC



FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90314 010 ****50.00

00040041



02052007 Chg-LLC CR2E083 (12/06)

Principal Place of Business
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

Mailing Address

2. Principal Place of Business No P.O. Box # <i>6340 Sunset Drive</i>	3. Mailing Address <i>6340 Sunset Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33143</i>	Country <i>33143</i>

4. FEI Number
20-2518995

Applied For

Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIELDSTONE, RONALD R 201 ALHAMBRA CIR # 601 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:

TONIASS CABRERIZO, 4001 04/17/07 305-779-8084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #