

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032238

FILED
Aug 30, 2006
Secretary of State

Entity Name: K ASHLEY ENTERPRISES, LLC

Current Principal Place of Business:

148 GRANADA STREET
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

5305 WATERMILL LANE
APT 306
TITUSVILLE, FL 32780 US

Current Mailing Address:

148 GRANADA STREET
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

5305 WATERMILL LANE
APT 306
TITUSVILLE, FL 32780 US

FEI Number: 20-2940360 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ASHLEY, KIMBERLY
148 GRANADA STREET
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

ASHLEY, KIMBERLY
5305 WATERMILL LANE
APT 306
TITUSVILLE, FL 32780 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: KIMBERLY ASHLEY

08/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASHLEY, KIMBERLY
Address: 148 GRANADA STREET
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ASHLEY, KIMBERLY
Address: 5305 WATERMILL LANE APT 306
City-St-Zip: TITUSVILLE, FL 32780 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY ASHLEY

MGRM

08/30/2006

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