2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # L05000046838 1. Entity Name LAKE ASHBY, LLC					04-26-20	06 90020 027 ***	*50.00	
Principal Place of Business Mailing Address								
1000 LAKE ASHBY ROAD NEW SMYRNA, FL 32168 US			1000 LAKE ASHBY ROAD NEW SMYRNA, FL 32168 US		88(8)	Ö LII Öğ ire biğin bilini ibiri iki bi k	1 1 1 1 1 1 1 1 1 1 	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Chg-LLC	CR2E083 (11/05)	1	
City & State		City & State			2008		pplied For ot Applicable	
Zip	Country	Zíp	Country		of Status Desired	□ \$5.00 Ad Fee Require	lditional ed	
	6. Name and Address of Curre	nt Registered Agent	- Name	7. Name and	Address of New	Registered Agent		
FRIEBIS, C	DANIEL S							
3890 TURTLE CREEK DRIVE SUITE B			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	ANGE, FL 32127							
			City			FL Zip Coo	de	
	named entity submits this statementions of registered agent.	for the purpose of changing it	s registered office or re	egistered agent, or bo	th, in the State of F	Torida. I am familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE: Registered Agent signature			DATE		
				reguleu when remstating)				
Fi Di	iling Fee is \$50.00 ue by May 1, 2006	я алимет вруждане.	re. negistareu Agent signature	regared when reinstaling)		ike check payable to da Department of Stat	te	
Fi De	iling Fee is \$50.00 ue by May 1, 2006	BERS/MANAGERS	10.	required when reinspainig)	Florid	ke check payable to	te	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEM MGR		10.	required when remissaring)	Florid	ke check payable to da Department of Stat	te Addition	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEM MGR FOOTE, DOUGLAS G	BERS/MANAGERS	10. TITLE NAME	required when remisjaling)	Florid	ike check payable to da Department of Stat S/CHANGES		
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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: DOUGLAS C. FOOTE 04-24-06 (386) 428-5185
SIGNATURE: DOUGLAS C. FOOTE 04-24-06 (386) 428-5185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

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