

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067257

FILED
Apr 30, 2008
Secretary of State

Entity Name: DST ASHTON, LLC

Current Principal Place of Business:

2800 WESTON ROAD, SUITE 202
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

2800 WESTON ROAD, SUITE 202
WESTON, FL 33331

New Mailing Address:

1301 INTERNATIONAL PKWY
SUITE 200
SUNRISE, FL 33323

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLODIG, GREGORY J
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: EDDY SALDANA

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHMUL, BEN
Address: 2800 WESTON ROAD, SUITE 202
City-St-Zip: WESTON, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EL-AD SUNRISE LLC,
Address: 1301 INTERNATIONAL PKWY SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: MGRM () Change (X) Addition
Name: JETSTREAM GALLERIA L, LC
Address: 2800 WESTON ROAD SUITE 202
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify 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: BEN SHMUL

D

04/30/2008

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