

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2006-90036-008-\$50.00-\$50.00

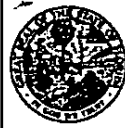
FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:06

DOCUMENT # L05000085207

1. Entity Name
ASHTON COURT HOLDINGS, LLC



Principal Place of Business
5300 ASHTON COURT
SARASOTA, FL 34233

Mailing Address
5300 ASHTON COURT
SARASOTA, FL 34233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08072006

Chg.-LLC

CR2E083 (11/05)

4. FEI Number

20-3378236

Applied For

Not Applicable

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

JOHN F. COOK, P.A.
2033 WOOD STREET
SUITE 220
SARASOTA, FL 34237

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 reappointing)

DATE

Filing Fee is \$50.00
Due by September 8, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WINSTEAD, CLAY
3301 65TH STREET WEST
BRADENTON, FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WINSTEAD, VIVIAN
3301 65TH STREET WEST
BRADENTON, FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ Delete

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NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE: *Vivian Winstead* VIVIAN WINSTEAD

9-5-06

(941) 730-5888

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

Date

Daytime Phone #