

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-06-2007 90081 008 ****50.00

DOCUMENT # L06000002813					
1. Entity Name ASHWOOD DEVELOPMENT CO., LLC					
Principal Place of Business 16469 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 US			Mailing Address 16469 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02242007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 28-4199371				☐ 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	
SMOLLAR, MARVIN 16469 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445				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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALACHUA MANAGEMENT CO., LLC		NAME		
STREET ADDRESS	16469 BRIDLEWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Alachua Management Co, LLC by its managing member</i> SIGNATURE: <i>Marvin Smollar</i> 2-23-07 561-499-0411 SIGNATURE IS TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					