

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90110 027 ****50.00

60039424



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number **510 569 664** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DOCUMENT # L06000027868

1. Entity Name
ASHTON MANAGEMENT GROUP, LLC



Principal Place of Business
**2700 NORTH MILITARY TRAIL, SUITE 150
BOCA RATON, FL 33431**

Mailing Address
**2700 NORTH MILITARY TRAIL, SUITE 150
BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**TRISTINO, JOHN R
2700 NORTH MILITARY TRAIL, SUITE 150
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent
Name **Tristino, John R**
Street Address (P.O. Box Number is Not Acceptable)
16074 ROSE CREST TERRACE
City **Delray Beach** FL **33446**

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 **John R Tristino** **John R Tristino** DATE **4/19/07**
(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	MDR Tristino John R 16074 ROSE CREST TERRACE Delray Beach FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE **John R Tristino** **John R Tristino** DATE **4/19/07** (561) 984-9934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE