

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90259 031 ***138.75

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 # 16074 Rosecroft Terrace		3. Mailing Address 16074 Rosecroft Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Delray Beach, Florida		City & State Delray Beach, Florida		4. FEI Number 51-0569664	
Zip 33446		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent TRISTINO, JOHN R 16074 ROSECROFT TERRACE DELRAY BEACH, FL 33446			7. Name and Address of New Registered Agent 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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME TRISTINO, JOHN R STREET ADDRESS 16074 ROSECROFT TERRACE CITY-ST-ZIP 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: <u>John R. Tristino</u> <u>John R. Tristino</u> <u>5/1/08</u> <u>561/818-5396</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					