

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038524

Entity Name: SARAH GRACE ASHBY, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

780 SEAGATE DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

780 SEAGATE DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-8786273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GFPAC SERVICES, LLC
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

ASHBY, CHARLES C
13131 UNIVERSITY DRIVE
FORT MYERS, FL 33907 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: CHARLES C. ASHBY

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ASHBY, SARAH G
Address: 6623 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Change (X) Addition
Name: ASHBY, CYNTHIA P
Address: 780 SEAGATE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: MGR () Change (X) Addition
Name: DEZORT, CAROL S
Address: 13131 UNIVERSITY DRIVE
City-St-Zip: FORT MYERS, FL 33907

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: CAROL S. DEZORT

MGR

04/27/2007

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