

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000093175**

1. Entity Name  
**ASHBOURNE, LLC**



Principal Place of Business

**200 MACFARLANE DRIVE NORTH, TOWER 1106  
DELRAY BEACH, FL 33483**

Mailing Address

**200 MACFARLANE DRIVE NORTH, TOWER 1106  
DELRAY BEACH, FL 33483**

**DO NOT WRITE IN THIS SPACE**



03122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**22-3943618**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000875254  
04/11/08-80026-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HASLETT, CLAIRE B
STREET ADDRESS	200 MACFARLANE DRIVE NORTH, TOWER 1106
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	ST
NAME	HASLETT, CLAIRE B
STREET ADDRESS	200 MACFARLANE DRIVE NORTH, TOWER 1106
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

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

Date

Daytime Phone #

**3-11-08**