

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094189

FILED
Jul 09, 2007
Secretary of State

Entity Name: ASHCRAFT L.L.C.

Current Principal Place of Business:

7400 N. HWY. U.S. 1, #204
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

7400 N. HWY. U.S. 1, #204
COCOA, FL 32927

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDERSON, RICHARD
7400 N. HWY. U.S. 1, #204
COCOA, FL 32927 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ANDERSON, RICHARD
Address: 7400 N. HWY. U.S. 1, #204
City-St-Zip: COCOA, FL 32927

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HANSEN, RICHARD
Address: 3605 COLUMBIA BLVD., APT. 1210
City-St-Zip: TITUSVILLE, FL 32780

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: STABLER, DAVID
Address: 760 JANA DR
City-St-Zip: TITUSVILLE, FL 32780

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD S. ANDERSON

PRES

07/09/2007

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