

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023191

FILED
Feb 17, 2009
Secretary of State

Entity Name: ASHLEY OAKS PARTNERS, LLC

Current Principal Place of Business:

613 WEST ASHLEY STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

613 WEST ASHLEY STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-8541436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFFMAN, MARY
4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

MALLET, RONALD
2801 DAWN ROAD
JACKSONVILLE, FL 32202 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: RONALD MALLET

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: PITTMAN, JUCOBY
Address: 10498 HAMLET TERRACE
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: O'SHIELDS, JOSEPH
Address: 1301 RIVERPLACE BLVD., #1500
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: WRIGHT, SHARON
Address: 6501 ARLINGTON EXPRESSWAY, #A156
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: HARLAN, DOUG
Address: 225 WATER STREET, 5TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: ONASANYA, BANDELE
Address: 2050 UNIVERSITY BLVD., N.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: MALLET, RONALD
Address: 2801 DAWN ROAD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

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

Title: D (X) Change () Addition
Name: GIBBS, CRAIG
Address: 1200 RIVERPLACE BLVD., #810
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: D (X) Change () Addition
Name: DOHERTY, DANIELA
Address: 14000 CITI CARDS WAY
City-St-Zip: JACKSONVILLE, FL 32258

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

Title: D (X) Change () Addition
Name: REDMOND, DONALD
Address: 500 EAST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: JUCOBY PITTMAN

D

02/17/2009

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