05-09-2008 90091 001 ***693.75
L07000035100

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 OCT 29 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30006107

DOCUMENT # L07000035100

1. Entity Name
ASHWORTH GARDENS GP, LLC

Principal Place of Business	Mailing Address
~~406 EAST 4TH STREET~~ ~~WINSTON SALEM, NC 27101-4112~~	406 EAST 4TH STREET WINSTON-SALEM, NC 27101-4112

SAME

04152008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1 W. LLOYD ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PENSACOLA	City & State
Zip 32501 Country	Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~B&C CORPORATE SERVICES OF CENTRAL FLA INC.~~	Name K Jeffrey Reynolds
~~390 NORTH ORANGE AVENUE, STE. 1400~~	Street Address (P.O. Box Number is Not Acceptable) 924 N. Palafox ST
~~ORLANDO, FL 32801~~	City Pensacola FL Zip Code 32501

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] 4/17/08
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Ed Hansen ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 08 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] EDWIN HANSEN 4/17/08 850-390-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #