


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

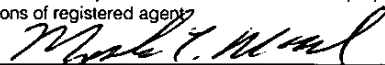
FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90035 009 ***138.75

DOCUMENT # L07000046065			
1. Entity Name ASHTONPARK, LLC			
Principal Place of Business 4025 CATTLEMEN ROAD UNIT 163 SARASOTA, FL 34233 US		Mailing Address 2829 CATTLEMEN ROAD SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4025 Cattlemen Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 163	
City & State		City & State Sarasota, FL	
Zip	Country	Zip	Country
34233	US	34233	US



04232008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent SEAT, TIMOTHY M 2829 CATTLEMEN ROAD SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name MARK T. MCCOOL Street Address (P.O. Box Number is Not Acceptable) 51084 EASTWIND DR City SARASOTA FL Zip Code 34232	
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 		DATE 4-29-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

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	MGR MCCOOL, MARK T 2829 CATTLEMEN ROAD SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR mccool, Jeanine N 4025 Cattlemen Rd, Unit 163 Sarasota, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEAT, TIMOTHY M 2829 CATTLEMEN ROAD SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR mccool, Mark T 4025 Cattlemen Rd, Unit 163 Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4-29-08** **941-928-5752**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #