

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052435

Entity Name: ASHCAR ADVISORS, LLC.

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

6374 SE MOURNING DOVE WAY
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

6374 SE MOURNING DOVE WAY
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSH, SPENCER
6374 SE MOURNING DOVE WAY
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: MARSH, SPENCER
Address: 6374 SE MOURNING DOVE WAY
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM () Delete
Name: PERTSEMLIDIS, ASHLEY
Address: 160 E 96TH ST
City-St-Zip: NEW YORK, NY 10128 US

Title: MGRM () Delete
Name: ABBOTT, CARTER
Address: 185 NORTH MAIN ST
City-St-Zip: SUFFIELD, CT 06078 US

ADDITIONS/CHANGES:

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

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

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: SPENCER S MARSH

PRES

01/23/2008

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