

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060761

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ASHE DEVELOPMENT, LLC

**Current Principal Place of Business:**

107 CYPRESS LANDING  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

107 CYPRESS LANDING  
JACKSONVILLE, FL 32259 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:**

DARNELL, BARRY L  
107 CYPRESS LANDING  
JACKSONVILLE, FL 32259 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: CHURCH, SAMUEL B  
Address: P O BOX 1503  
City-St-Zip: JEFFERSON, NC 28640 US

Title: MGRM ( ) Delete  
Name: DARNELL, BARRY L  
Address: 107 CYPRESS LANDING  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM ( ) Delete  
Name: CHURCH, SHIRLEY A  
Address: P O BOX 1503  
City-St-Zip: JEFFERSON, NC 28640 US

Title: MGRM ( ) Delete  
Name: DARNELL, KAREN F  
Address: 107 CYPRESS LANDING  
City-St-Zip: JACKSONVILLE, FL 32259 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:

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: BARRY L DARNELL

MR

04/30/2009

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