2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

ANNOAL REPORT					_	SCCICE	ary or o	late
DOCUMENT # L07000112984 1. Entry Name ASHER KIAWAH ISLAND, LLC					03-07-2008 90226 049 ***138.75			
Principal Plac	e of Business	Mailing Address			300064	11 4		
1525 N.FEDERAL HIGHWAY		1525 N.FEDERAL HIGHWAY				Q Q Q	_	
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BOCA RATON, FL 33432		BOCA RATON, FL 33432			I IDANER I	IA DENT IEDA GENE GENI DETA	DA 170 DE MOTO HINKA SORON CONS OCT	1331 IN 1891
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apl. #, etc.		Suite, Apt. #, etc.			03052008	Chg-LLC	CR2E083 (12/05)	
City & State		City & State		4. FEI Numi	°138664		oplied For of Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificat	e of Status Desired	55.00 Add	ditional
	S. Name and Address of Current R	enistered Agent	<u> </u>		7. Name an	d Address of New R		
6. Name and Address of Current Registered Agent 7Name and Address of New Registered Agent Name								
HAHN, JEFF 1525 N FEDERAL HIGHWAY 300			Street Address (P.O. Box Number is Not Acceptable)					
BOCA RAT								
				City			FL Zip Coo	e
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								
Signeture, typed or privated name of registered agent and still applicable. (HOTE: Registered Agent algesture required when reinstaling) DATE								
File Now!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check payable to Department of Stat	•
9.	MANAGING MEMBER	IRS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITL				☐ Change	☐ Addition
NAME	ASHER, RICHARD		NAM	AE				
STREET ADDRESS			STR	EET AOORESS			•	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY	-ST-20P				
ULLE		☐ Delete	TITL				☐ Change	☐ Addition
NAME			NAA CTT					
STREET ADDRESS CITY-ST-ZIP				EET AOORESS 1-ST-ZIP		•——	•	·····
TITLE		☐ Delete	TITL	E			Change	Addition
NAME			HAA					
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TITLE NAME	1	☐ Delete	JITE MAN				☐ Change	Addition
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CITY-ST-ZDP			cm	-ST-ZIP				
TITLE		Defete	nn	E			Change	☐ Addition
HAME]		NAA	ı				
STREET ADDRESS	1		1	EET ADORESS 1-ST-ZIP				1
CTTY-ST-ZIP			4-					- Addition
TITLE		☐ Delete	TITL NA	-			☐ Changé	Addition
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP	J			r-ST-ZIP				
	certify that the information supplied with	this filing does not qualify to	r the ex	emptions contained	in Chapter 119	, Florida Statutes. I fu	rther certify that the info	rmation
indicated	certify that the information supplied with d on this report is true and accurate and i ability company or the receiver or trustee	that my signature shall have empowered to execute this	the sam	e legal effect as if it is required by Char	made under od ster 608. Florids	h; that I cm a manag Stalules.	ing member or manage	er of the
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