

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034142

FILED
Apr 22, 2009
Secretary of State

Entity Name: ASHLEY RYAN MANAGEMENT LLC

Current Principal Place of Business:

5120 COBBLECREEK CT.
UNIT 202
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

5120 COBBLECREEK CT.
UNIT 202
NAPLES, FL 34110

New Mailing Address:

5644 TAVAILLA CIRCLE
UNIT 206
NAPLES, FL 34110

FEI Number: 26-2330112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AQUINO, STEVEN J
5120 COBBLECREEK CT
UNIT 202
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

AQUINO, STEVEN J
5644 TAVAILLA CIRCLE
UNIT 206
NAPLES, FL 34110 US

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: STEVEN J. AQUINO

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AQUINO, STEVEN J
Address: 5120 COBBLECREEK CT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AQUINO, STEVEN J
Address: 5644 TAVAILLA CIRCLE
City-St-Zip: NAPLES, FL 34110

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: STEVEN J AQUINO

MGR

04/22/2009

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