

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099045

Entity Name: ASHBURG II, LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1300 MARSH LANDING PARKWAY, SUITE 112  
JACKSONVILLE BEACH, FL 32082

## **New Principal Place of Business:**

1300 MARSH LANDING PARKWAY, SUITE 112  
JACKSONVILLE BEACH, FL 32250

## **Current Mailing Address:**

1300 MARSH LANDING PARKWAY, SUITE 112  
JACKSONVILLE BEACH, FL 32082

## **New Mailing Address:**

1300 MARSH LANDING PARKWAY, SUITE 112  
JACKSONVILLE BEACH, FL 32250

FEI Number: 45-3141988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BARTLETT, BARON L  
230 CANAL BLVD., SUITE 4  
PONTE VEDRA BEACH, FL 32082 US

## **Name and Address of New Registered Agent:**

BURGESS, NANCY  
1300 MARSH LANDING PKWY  
STE 112  
JACKSONVILLE BEACH, FL 32250 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: NANCY BURGESS

04/19/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BURGESS, NANCY  
Address: 1300 MARSH LANDING PARKWAY, SUITE 112  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR  
Name: ASHLEY, ANNIE  
Address: 108 AURTHUR LANE  
City-St-Zip: BRUNSWICK, GA 31023

Title: MGR  
Name: BURGESS, ERIC  
Address: 1300 MARSH LANDING PKWY STE 112  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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: NANCY BURGESS

MGRM

04/19/2012

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