


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000007820 1. Entity Name ASHPAUGH & SCULCO, CPAS, PLC	
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Principal Place of Business 1133 LOUISIANA AVENUE, SUITE 106 WINTER PARK, FL 32789	Mailing Address 1133 LOUISIANA AVENUE, SUITE 106 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01222007No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3608217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCULCO, CAROLYN A
1133 LOUISIANA AVENUE, SUITE 106
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

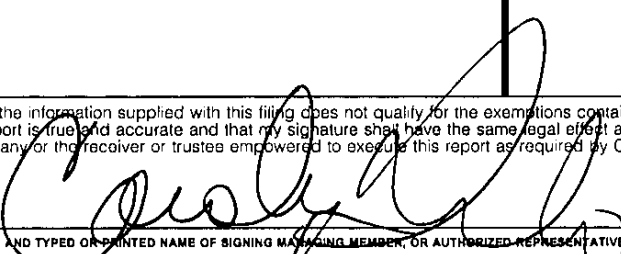
**Filing Fee is \$50.00
Due by May 1, 2007**

U000000601691
01/26/07-80058-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHPAUGH, GARTH THEODORE 1003 KEWANNEE TRL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCULCO, CAROLYN A 140 HAMPDEN PLACE WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  1-27-07 407-645-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #