

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000007868

1. Entity Name

PICERNE ASHTON LAKE, LLC



Principal Place of Business

247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

Mailing Address

247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714



04192006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3644786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COSTOLO, W. TERRY ESQ  
301 E PINE ST., STE 1400  
ORLANDO, FL 32801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000541957  
05/10/06-80077-006 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PICERNE, ROBERT M
STREET ADDRESS	247 N. WESTMONTE DR.
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	MEM
NAME	URITESCU, RAYMOND M
STREET ADDRESS	75 LAMBERT LIND HWY
CITY- ST- ZIP	WARWICK, RI 02886
TITLE	MEM
NAME	PICERNE, JOHN G
STREET ADDRESS	75 LAMBERT LIND HWY
CITY- ST- ZIP	WARWICK, RI 02886
TITLE	MEM
NAME	PICERNE, DAVID R
STREET ADDRESS	1420 E. MISSOURI AVE., SUITE 100
CITY- ST- ZIP	PHOENIX, AZ 85014
TITLE	MEM
NAME	PICERNE, JEANNE M
STREET ADDRESS	1420 E. MISSOURI AVE., SUITE 100
CITY- ST- ZIP	PHOENIX, AZ 85014
TITLE	MEM
NAME	PICERNE INVESTMENT CORPORATION
STREET ADDRESS	75 LAMBERT LIND HWY.
CITY- ST- ZIP	WARWICK, RI 02886

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Robert M Picerne 4/28/06 407 777 0200

Date

Daytime Phone #