2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am M0000002091 **DOCUMENT # Secretary of State** 03-13-2002 90016 042 ****50.00 ASHLEY PLACE, LLC Principal Place of Business Mailing Address 00042071 95 WHITE BRIDGE ROAD, SUITE 212 95 WHITE BRIDGE ROAD, SUITE 212 C/O BROOKSIDE PROPERTIES, INC. C/O BROOKSIDE PROPERTIES. INC. NASHVILLE TN 37205 NASHVILLE TN 37205 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1827655 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES (9/04) TITI F ☐ Addition TITLE MGR ☐ Delete 3401 West End Ave, Ste. 680 NAME NAME SCAROLA, FREDERIC CR2E083 STREET ADDRESS STREET ADDRESS 95 WHITE BRIDGE RD., #212 CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37205 Change ☐ Addition ☐ Delete TITLE TITLE MGR NAME NAME WARFIELD, WILLIAM chard Jones Rd, Ste A200 STREET ADDRESS STREET ADDRESS 95 WHITE BRIDGE RD., #212 CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37205 TITLE .TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 prospect empowered to execute this people as required by Chapter 608, Florida Statutes.