


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002091 1. Entity Name ASHLEY PLACE, LLC	
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Principal Place of Business 2002 RICHARD JONES RD SUITE A200 NASHVILLE, TN 37215 US	Mailing Address 2002 RICHARD JONES RD SUITE A200 NASHVILLE, TN 37215 US
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DO NOT WRITE IN THIS SPACE



06302004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1827655	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCAROLA, FREDERIC 3401 WEST END AVE STE 680 NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WARFIELD, WILLIAM 2002 RICHARD JONES RD SUITE A200 NASHVILLE, TN 372152809
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07/07/04-80023-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  7/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #