

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002588

**FILED**  
**Apr 22, 2004**  
**Secretary of State**

**Entity Name:** ASHLAND FINANCIAL L.L.C.

**Current Principal Place of Business:**

2450 COLORADO AVE.  
SUITE #100 EAST  
SANTA MONICA, CA 90404

**New Principal Place of Business:**

**Current Mailing Address:**

2450 COLORADO AVE.  
SUITE #100 EAST  
SANTA MONICA, CA 90404

**New Mailing Address:**

**FEI Number:** 95-4887005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: COAST ASSET MANAGEME, NT, L.P.  
Address: 725 ARIZONA AVE., STE. 400  
City-St-Zip: SANTA MONICA, CA 90401

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COAST ASSET MANAGEME, NT, L.P.  
Address: 2450 COLORADO AVE., SUITE 100 EAST TOWER  
City-St-Zip: SANTA MONICA, CA 90404

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER PETITT

EVP

04/22/2004

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