
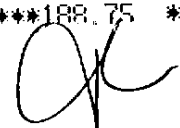
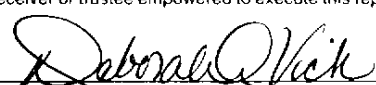


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|---|---------------------------|--|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED APR 21 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | DOCUMENT # M98000000492 | | | |
| 1. Name and Mailing Address of Limited Liability Company ASHLEY SISTERS INVESTMENTS, L.L.C. 934 BURGUNDY ST. NEW ORLEANS LA 70116 | | | 1a. Principal Place of Business Address 934 BURGUNDY ST. NEW ORLEANS LA 70116 | | |
| 2. Principal Place of Business <i>Am D.H. Bernstein</i> 201 St Charles Ave. Suite, Apt. #, etc. 35th floor City & State New Orleans, LA Zip 70170 Country USA | | 2a. Mailing Address 2008 Gulf Blvd. Suite, Apt. #, etc. City & State Indian Rocks Beach, FL Zip 33785 Country USA | | 3. Date Organized or Qualified 05/18/1998 3a. State of Formation LA 4. FEI Number 72-1337033 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent ASHLEY, GUY 1212 SO. DUNCAN AVE CLEARWATER FL 33756 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ | | | DATE _____ | | |
| (Registered Agent Accepting Appointment) (NOT: Registered Agent signature for principal) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| CO-MGR | VICK, DEBORAH A | 2008 Gulf Blvd. 934 BURGUNDY ST | | Indian Rocks Bch, FL NEW ORLEANS LA 33785 | |
| CO-MGR | Ashley, Susan E | 14350 CR 49 | | Tyler, TX 75704 | |
| 300002859153--2 -04/30/99--01131--019 ****188.75 ****188.75  | | | | | |
| 11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE:  | | Deborah A Vick | | 4/16/99 (927)595-6104 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER Title Daytime Phone # | | | | | |