

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000000492**

1. Entity Name

**ASHLEY SISTERS INVESTMENTS, L.L.C.**

FILED

01 JUL -6 PM 4: 70

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>201 ST. CHARLES AVE., 35TH FLOOR ATTN: D.H. BERNSTEIN NEW ORLEANS LA 70170</b>	Mailing Address <b>2008 GULF BLVD. INDIAN ROCKS BEACH FL 33785</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>72-1337033</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>ASHLEY, GUY 1212 SO. DUNCAN AVE CLEARWATER FL 33756</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	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 Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VICK, DEBORAH A</b>			NAME			
STREET ADDRESS	<b>2008 GULF BLVD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>			CITY-ST-ZIP			
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ASHLEY, SUSAN E</b>			NAME			
STREET ADDRESS	<b>19350 CR 49</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TYLER TX 75704</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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**-07/17/01--01097--013**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Deborah A Vick* **SIGNATURE REQUIRED** July 1, 2001 (727) 545-6104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)