

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 12, 2007  
Secretary of State**

DOCUMENT# L02000023809

Entity Name: ASKA HOLDINGS, LLC

**Current Principal Place of Business:**

39 LOGAN LANE  
SUITE 7  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

39 LOGAN LANE  
SUITE 7  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 46-0500175      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HELMICH, KEVIN M ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOAVE, RYAN J  
Address: 39 LOGAN LANE, SUITE 7  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR (X) Delete  
Name: SOAVE, JOHN F  
Address: 135 TANGLEWOOD TRAIL  
City-St-Zip: BLUE RIDGE, GA 30513

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SOAVE, RYAN J  
Address: 39 LOGAN LANE, SUITE 7  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RYAN J. SOAVE

MGR

01/12/2007

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