


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90114 013 ****50.00

DOCUMENT # L02000027690	
1. Entity Name SOAVE DEVELOPMENT GROUP, LLC	

Principal Place of Business 5409 ALOHA DRIVE ST. PETE BEACH, FL 33706	Mailing Address 5409 ALOHA DRIVE ST. PETE BEACH, FL 33706
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24062688



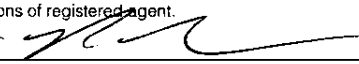
2. Principal Place of Business 39 LOGAN LANE Suite, Apt. #, etc. Suite #7 City & State Santa Rosa Beach Fl. Zip 32459 Country Walton.	3. Mailing Address 39 LOGAN LANE Suite, Apt. #, etc. Suite #7 City & State Santa Rosa Beach Fl. Zip 32459 Country Walton.
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04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number 32-0038523	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 FASHBAUGH, GRANT L 5409 ALOHA DRIVE ST. PETE BEACH, FL 33706	7. Name and Address of New Registered Agent Name RYAN J. SOAVE Street Address (P.O. Box Number is Not Acceptable) 39 LOGAN LANE Suite 7 City Santa Rosa Beach FL Zip Code 32459
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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.

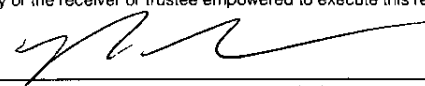
SIGNATURE  DATE 04/28/07

(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASKA HOLDINGS, LLC 5409 ALOHA DRIVE ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASKA HOLDINGS, LLC 39 LOGAN LANE Suite #7 Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 04/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE