

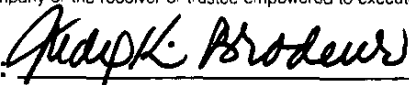


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000029284						
1. Entity Name ASTRA ENTERPRISES, LLC						
Principal Place of Business 3757 WEST GULF DRIVE SANIBEL ISLAND, FL 33957	Mailing Address PO BOX 214 SANIBEL ISLAND, FL 33957					
DO NOT WRITE IN THIS SPACE						
		 03082007 No Chg-LLC CR2E083 (11/05)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 54-2016304</td><td style="width: 20%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 54-2016304	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
4. FEI Number 54-2016304	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						
AST, WOLF E 3757 WEST GULF DRIVE SANIBEL ISLAND, FL 33957		DO NOT WRITE IN THIS SPACE				
<small>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.</small>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$50.00 Due by May 1, 2007						
9. MANAGING MEMBERS/MANAGERS						
TITLE	MGRM	<div style="margin-bottom: 10px;">U00000662916 03/21/07-80032-008 50.00</div> DO NOT WRITE IN THIS SPACE				
NAME	AST, WOLF E					
STREET ADDRESS	PO BOX 214					
CITY-ST-ZIP	SANIBEL, FL 33957					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
<small>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</small>						
SIGNATURE:  JUDY K. BRODEUR		239 3/8/07 567-0373				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>				