

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90114 014 \*\*\*\*50.00

<b>DOCUMENT # L03000030070</b> 1. Entity Name <b>SOAVE DEVELOPMENT GROUP - BRIGHTON, LLC</b>																																																					
Principal Place of Business <b>5409 ALOHA DRIVE ST. PETE BEACH, FL 33706</b>			Mailing Address <b>5409 ALOHA DRIVE ST. PETE BEACH, FL 33706</b>																																																		
2. Principal Place of Business <b>39 LOGAN LANE</b> Suite, Apt., etc. <b>Suite 7</b> City & State <b>Santa Rosa Beach</b> Zip <b>32459</b>		3. Mailing Address <b>39 LOGAN LANE</b> Suite, Apt., etc. <b>Suite 7</b> City & State <b>Santa Rosa Beach</b> Zip <b>32459</b>		4. FEI Number <b>20-0218747</b> Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>FASHBAUGH, GRANT L</b> <b>5409 ALOHA DRIVE</b> <b>ST. PETE BEACH, FL 33706</b>																																																			
7. Name and Address of New Registered Agent Name <b>RYAN J. SOAVE</b> Street Address (P.O. Box Number is Not Acceptable) <b>39 LOGAN LANE</b> <b>Suite 7</b> City <b>Santa Rosa Beach</b> <b>FL</b> Zip Code <b>32459</b>		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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>MGRM</b>  <b>FASHBAUGH, GRANT L</b>  <b>5409 ALOHA DRIVE</b>  <b>ST. PETE BEACH, FL 33706</b> </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>FASHBAUGH, GRANT L</b> <b>5409 ALOHA DRIVE</b> <b>ST. PETE BEACH, FL 33706</b>	<input checked="" type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>MGRM</b>  <b>RYAN J. SOAVE</b>  <b>39 LOGAN LANE Suite 7</b>  <b>Santa Rosa Beach FL 32459</b> </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>RYAN J. SOAVE</b> <b>39 LOGAN LANE Suite 7</b> <b>Santa Rosa Beach FL 32459</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																					

**34006819**



see  
attached  
filing!

04/28/04

Attachment 34006819  
#L03 000030070

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) <b>▶ See separate instructions for each line. ▶ Keep a copy for your records.</b>		<b>EIN</b>  20-0218767  OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested SOAVE DEVELOPMENT GROUP BRIGHTON LLC a Florida limited liability compa					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 5409 Aloha Drive			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code St Pete Beach FL 33706 -			5b City, state, and ZIP code		
6* County and state where principal business is located County Walton State FL					
7a Name of principal officer, general partner, grantor, owner, or trustee Aska Holdings LLC Manager			7b SSN, ITIN, EIN 46-0500175		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ Disregarded entity					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶					
<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FL		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ real estate invest <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) AUG 13 2003			11 Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter 0.</i> ▶				Agriculture 0	Household 0
				Other 0	
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Other (specify) ▶					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. real estate investment development and marketing					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)    City and state where filed    Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			( ) - Designee's fax number (include area code) ( ) -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶				Applicant's telephone number (include area code) ( 850 ) 650 - 0644 Applicant's fax number (include area code) ( 850 ) 650 - 0844	
Signature ▶ Not Required				Date ▶ September 12, 2003 GMT	