

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90114 016 \*\*\*\*50.00

<b>DOCUMENT # L03000036295</b> 1. Entity Name <b>SOAVE DEVELOPMENT GROUP - L.A., LLC</b>			
Principal Place of Business <b>12671 HIGHWAY 98 WEST, SUITE 217-5 DESTIN, FL 32541</b>		Mailing Address <b>12671 HIGHWAY 98 WEST, SUITE 217-5 DESTIN, FL 32541</b>	
2. Principal Place of Business <b>39 Logan Lane, Suite 7 Santa Rosa Beach FL</b>		3. Mailing Address <b>39 Logan Lane, Suite #7 Santa Rosa Beach FL</b>	
City & State <b>Santa Rosa Beach FL</b>		City & State <b>Santa Rosa Beach FL</b>	
Zip <b>32459</b>		Zip <b>32459</b>	
Country <b>Walton</b>		Country <b>Walton</b>	
4. FEI Number <b>46-0500175</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 5409 ALOHA DRIVE 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, Suite 7 Santa Rosa Beach, FL 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.</small>		DATE: <b>04/28/04</b> <small>(NOTE: Registered Agent signature required when relistening)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGR</b>	NAME <b>ASKA HOLDINGS, LLC</b>	TITLE <b>MGR</b>	NAME <b>ASKA HOLDINGS, LLC</b>
STREET ADDRESS <b>12671 HIGHWAY 98 WEST, SUITE 217-5</b>	CITY-ST-ZIP <b>DESTIN, FL 32541</b>	STREET ADDRESS <b>39 Logan Lane Suite 7</b>	CITY-ST-ZIP <b>Santa Rosa Beach FL 32459</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b>		TITLE <b>NAME</b>	
STREET ADDRESS <b>CITY-ST-ZIP</b>		STREET ADDRESS <b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b>		TITLE <b>NAME</b>	
STREET ADDRESS <b>CITY-ST-ZIP</b>		STREET ADDRESS <b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b>		TITLE <b>NAME</b>	
STREET ADDRESS <b>CITY-ST-ZIP</b>		STREET ADDRESS <b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete		<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <b>04/28/04</b> <small>Daytime Phone #</small>	

**34006686**



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