

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118066

FILED
Feb 08, 2008
Secretary of State

Entity Name: ASKELAND ENTERPRISES, L.L.C.

Current Principal Place of Business:

1396 NW PALM CITY ROAD
STUART, FL 34994

New Principal Place of Business:

1396 SW PALM CITY ROAD
STUART, FL 34994

Current Mailing Address:

1396 NW PALM CITY ROAD
STUART, FL 34994

New Mailing Address:

1396 SW PALM CITY ROAD
STUART, FL 34994

FEI Number: 26-1500032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASKELAND, GUNNAR A
1396 NW PALM CITY ROAD
STUART, FL 34994 US

Name and Address of New Registered Agent:

ASKELAND, GUNNAR A
1396 SW PALM CITY ROAD
STUART, FL 34994 US

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:

02/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ASKELAND, GUNNAR A
Address: 1396 NW PALM CITY ROAD
City-St-Zip: STUART, FL 34994

Title: MGR () Delete
Name: ASKELAND, GUNNAR C
Address: 1396 NW PALM CITY ROAD
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ASKELAND, GUNNAR A
Address: 1396 SW PALM CITY ROAD
City-St-Zip: STUART, FL 34994

Title: MGR (X) Change () Addition
Name: ASKELAND, GUNNAR C
Address: 1396 SW PALM CITY ROAD
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify 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: GUNNAR A. ASKELAND

MGR

02/08/2008

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