

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002408

FILED
Apr 12, 2007
Secretary of State

Entity Name: ALUTIIQ MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

3201 C ST SUITE 700
ANCHORAGE, AK 99503

New Principal Place of Business:

3909 ARCTIC BLVD, SUITE 400
ANCHORAGE, AK 99503

Current Mailing Address:

3201 C ST SUITE 700
ANCHORAGE, AK 99503

New Mailing Address:

3909 ARCTIC BLVD, SUITE 400
ANCHORAGE, AK 99503

FEI Number: 92-0170443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KASER, DUSTY
Address: 3201 C STREET, SUITE 700
City-St-Zip: ANCHORAGE, AK 99503

Title: MGR () Delete
Name: HOBBS, RICHARD M II
Address: 3201 C STREET, SUITE 700
City-St-Zip: ANCHORAGE, AK 99503

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOBBS, RICHARD M II
Address: 3909 ARCTIC BLVD. SUITE 400
City-St-Zip: ANCHORAGE, AK 99503

Title: MGR (X) Change () Addition
Name: CLOWERS, DEAN
Address: 3909 ARCTIC BLVD. SUITE 400
City-St-Zip: ANCHORAGE, AK 99503

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD M. HOBBS, II

MGR

04/12/2007

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