LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90314 001 *****5.00
02-18-2003 90314 002 ****50.00

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DOCUMENT # L02000034561

1. Entity Name

BIG SKY, L.L.C.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
106 Regatta Dr.	106 Regatta Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Niceville FL	City & State: Niceville FL
Zip: 32578 Country: USA	Zip: 32578 Country: USA

4. FEI Number: 74-3074553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: EARL L Dees

Street Address (P.O. Box Number is Not Acceptable): 106 Regatta Dr

City: Niceville **FL** Zip Code: 32578

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: Earl L Dees EARL L. DEES, Manager 2-13-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGER
NAME	EARL L DEES
STREET ADDRESS	106 REGATTA DR.
CITY-ST-ZIP	Niceville, FL 32578
TITLE	SECRETARY
NAME	DONNA DEES
STREET ADDRESS	106 REGATTA DR.
CITY-ST-ZIP	Niceville, FL 32578
TITLE	
NAME	
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CR2E083B (12/02)

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: Earl L Dees Manager EARL L. DEES 2-13-03 850 678-3836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #