

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016855

**FILED**  
**Feb 24, 2004**  
**Secretary of State**

**Entity Name:** GALT SKYE, L.L.C.

**Current Principal Place of Business:**

585 NE 58TH STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

585 NE 58TH STREET  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 20-0062048      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHERMAN, THOMAS G  
218 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: MIKESELL, KATHRYN Q  
Address: 585 NE 58TH STREET  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHRYN MIKESELL      MGR      02/24/2004

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