

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008877

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: BLUE SKY HOLDINGS, L.L.C.

**Current Principal Place of Business:**

108 4TH AVENUE SOUTH  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

108 4TH AVENUE SOUTH  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

2255 HARBOR VIEW DR  
DUNEDIN, FL 34698

FEI Number: 02-0686274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLISON, PATRICIA  
108A 4TH AVENUE SOUTH  
SAFETY HARBOR, FL 34695 US

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

HOSKINSON, MARY  
2255 HARBOR VIEW DR  
DUNEDIN, FL 34698 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: MARY HOSKINSON

01/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALLISON, PATRICIA  
Address: 108 4TH AVENUE SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM ( ) Delete  
Name: HOSKINSON, MARY KING  
Address: 2255 HARBOR VIEW DR  
City-St-Zip: DUNEDIN, FL 34698 US

**ADDITIONS/CHANGES:**

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

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

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: MARY HOSKINSON

MGRM

01/17/2009

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