UNIFORM BUSINESS REPOR	r (UBR)
DOCUMENT # 708437 1. Entity Name Sky LAKE GARDENS CONDON	JAMAN TOLLOW STATE
SKY LAKE GARDENS CONUN	O2 FER 10 m
	02 FEB 18 PM 5: 06
DO NOT WRITE IN THIS S	PACE
2. Principal Place of Business FIRATITL. 3. Mailing Address 18634 1971	1 AVE + 139
Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State City & State	4. FEI Number 109 0024 Applied For Not Applicable
Zip Country Zip	Country 5 Certificate of Status Desired 58.75 Additional
33179	7. Name and Address of Current Registered Agent
DO NOT WRITE	Name LINDOMAK YBAKKA
IN THIS SPACE	Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	18634 NE 18711 A-UE # 139
8. The above named entity submits this statement for the purpose of changing i	FL 331) Y
ALINIDOWIAR YPAKKA	
Colored Colore	PUBLIEUT) FRU 12/2002
SIGNATURE Signature typed or printed page at repetered green and title if emplicable (NI)	
	TE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NO FEE IS \$61.25 9. Election C.	TE: Registered Agent signature required when reinstating) DATE Ampaign Financing \$5.00 May Be Make Check Payable to
Signature, typed or printed name of registered agent and title if applicable. (NO FEE IS \$61.25 9. Election Callinitial or Amended UBR Trust Fund	TE: Registered Agent signature required when reinstating) DATE Ampaign Financing \$5.00 May Be Make Check Payable to
FEE IS \$61.25 FINAL PROPERTY OF PRINCE OF PRI	TE: Registered Agent signature required when reinstating) DATE Ampaign Financing \$5.00 May Be Make Check Payable to
Signature, typed or printed name of registered agent and title if applicable. (NO FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE PRESA NOUT NAME AND VARY AR YBARKA	TE: Registered Agent signature required when reinstating) The property of the
Signature, typed or printed name of registered agent and title if applicable. (NO FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME OFFICERS AND DIRECTORS	TE: Registered Agent signature required when reinstating) The property of the
Signature, typed or printed name of registered agent and title if applicable. (NO FEE IS \$61.25 Initial or Amended UBR 9. Election Control Trust Fund 10. OFFICERS AND DIRECTORS TITLE NAME LINDAMAR YBARKA STREET ADDRESS CITY-ST-ZIP TITLE THE A SULER NAME NA	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM
Signature, typed or printed name of registered agent and title if applicable. (NO FEE IS \$61.25 Initial or Amended UBR 9. Election Control Trust Fund 10. OFFICERS AND DIRECTORS TITLE NAME LINDAMAR YBARKA STREET ADDRESS CITY-ST-ZIP TITLE THE A SULER NAME NA	TE: Registered Agent signature required when reinstating) The ampaign Financing S5.00 May Be Added to Fees Title NAME. STREET ADDRESS CITY-ST-ZIP ***********************************
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO REAL TO SUPER THE A SUPER MYNON A PANICE TYPE A SUPER MYNON A PANICE TYPE A SUPER MYNON A PANICE TYPE A SUPER TYPE A SUPE	TE: Registered Agent signature required when reinstating) Ampaign Financing
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TABLE TA X-Y CALMED E. LOFE Z. DD STREET ADDRESS TABLE TA X-Y CALMED E. LOFE Z. DD STREET ADDRESS TABLE TA X-Y CALMED E. LOFE Z. DD	TE: Registered Agent signature required when reinstating) Ampaign Financing S5.00 May Be Added to Fees TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SECULETA X.Y. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SECULETA X.Y. TITLE SECULETA X.Y. TITLE SECULETA X.Y. TITLE SECULETA X.Y. THE A SUPPLY STREET ADDRESS CITY-ST-ZIP TITLE SECULETA X.Y. THE A SUPPLY STREET ADDRESS CITY-ST-ZIP TITLE SECULETA X.Y. THE A SUPPLY STREET ADDRESS CITY-ST-ZIP TH	TE: Registered Agent signature required when reinstating) The ampaign Financing Contribution. Title NAME STREET ADDRESS CITY-ST-ZIP
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TECHNOLOGY THE SECRETARY THE SE	TE: Registered Agent signature required when reinstating) Ampaign Financing S5.00 May Be Added to Fees TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP THE AND RO CANDRON DD STREET ADDRESS CITY-ST-ZIP	Ampaign Financing Contribution. S5.00 May Be Added to Fees Make Check Payable to Department of State TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TEXNAND CANDRON D TITLE TITLE ASSISTANT THEASUREY TITLE ASSISTANT THEASUREY TITLE TITLE ASSISTANT THEASUREY TITLE	TE: Registered Agent signature required when reinstating) Ampaign Financing S5.00 May Be Added to Fees TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N
FEE IS \$61.25 Initial or Amended UBR TO. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ADS ISTANT THE AND SURESY AT THE AND SUR	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TO SET A SURFACE TO SET A SURFACE THE A SURFACE	TE: Registered Agent signature required when reinstating) The ampaign Financing State Added to Fees TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TO SET ADDRESS THE ADDRESS TH	TE: Registered Agent signature required when reinstating) Transpalgn Financing Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

**SIGNA

FEV. 12/2002 (305/945

CR2E037B (12/01)