


*** 2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000007253 1. Entity Name BLUE SKY AIRPORT LIMO SERVICE, L.L.C.	
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Principal Place of Business 1521 SOUTH TAMiami TRAIL STE 303 VENICE, FL 34292	Mailing Address 1521 SOUTH TAMiami TRAIL STE 303 VENICE, FL 34292
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DO NOT WRITE IN THIS SPACE



02042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1013587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWD, JOHN
1521 SOUTH TAMiami TRAIL
STE 303
VENICE, FL 34292

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PARKS, THOMAS A PO BOX 681 NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM KNUCKLES, JEFFERY 996A LAGONA DR. VENICE, FL 34285
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02/25/06 80006-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/13/06 541-484-9784**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #