


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007312 1. Entity Name BLUE SKY, PL	
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Principal Place of Business 2512 SHERIDAN DR SARASOTA, FL 34239	Mailing Address 2512 SHERIDAN DR SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



07052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1019743	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 MCLAUGHLIN, DEBORAH K 2512 SHERIDAN DR SARASOTA, FL 34237
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCLAUGHLIN, DEBORAH K 2512 SHERIDAN DR SARASOTA, FL 34239
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Deborah K. McLaughlin 7/5/04 (941) 321-5174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Telephone #

Deborah K. McLaughlin