


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000008314</b> 1. Entity Name SKY VIEW, L.C.	
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Principal Place of Business 13209 OLD CRYSTAL RIVER ROAD BROOKSVILLE, FL 34601	Mailing Address 13209 OLD CRYSTAL RIVER ROAD BROOKSVILLE, FL 34601
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3660693</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

HOGAN, THOMAS S JR.  
THE HOGAN LAW FIRM  
20 S. BROAD STREET  
BROOKSVILLE, FL 34601

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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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, MARK 13209 OLD CRYSTAL RIVER ROAD BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILFONG, DENNIS 21033 VIOLET ROAD BROOKSVILLE, FL 34601
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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 60B, Florida Statutes.

**SIGNATURE:** Mark C. Taylor 2-11-04 352 7996 393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #