


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # L00000008314 1. Entity Name SKY VIEW, L.C.		
Principal Place of Business 13209 OLD CRYSTAL RIVER ROAD BROOKSVILLE, FL 34601	Mailing Address 13209 OLD CRYSTAL RIVER ROAD BROOKSVILLE, FL 34601	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TAYLOR, MARK C 13209 OLD CRYSTAL RIVER RD. BROOKSVILLE, FL 34601		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>MARK C. TAYLOR</u> <u>1/5/06</u> <u>352 799 6393</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



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CR2E083 (11/05)

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

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01/11/06-80019-015 50.00