2008 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 24, 2008 08:00 AM DOCUMENT # L00000008314 **Secretary of State** 1. Entity Name SKY VIEW, L.C. Principal Place of Business Mailing Address 13209 OLD CRYSTAL RIVER ROAD 13209 OLD CRYSTAL RIVER ROAD BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 01042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3660693 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, MARK C DO NOT WRITE 13209 OLD CRYSTAL RIVER RD. **BROOKSVILLE, FL 34601** 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE TAYLOR, MARK NAME STREET ADDRESS 13209 OLD CRYSTAL RIVER ROAD CITY-ST-ZIP BROOKSVILLE, FL 34601 U00000795919. MGR hi/29208-80011-022 138.75 TITLE WILFONG, DENNIS NAME STREET ADDRESS 21033 VIOLET ROAD CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP