2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009252

1. Entity Name

ALL SUNSHINE SKYLIGHTS, LLC



Principal Place of Business

% MICHAEL DELOACH 801-A S. BREVARD AVE. COCOA BEACH, FL 32931 Mailing Address

% MICHAEL DELOACH 801-A S. BREVARD AVE. COCOA BEACH, FL. 32931

FILED Mar 21, 2007 8:00 am Secretary of State

03-21-2007 90160 041 ****50.00

60026810



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
59-3669607		Not Applicable
5. Certificate of Status Desired	\$5.0	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DELOACH, MICHAEL 801-A S. BREVARD AVE. COCOA BEACH, FL 32931

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME.

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_	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when renstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELOACH, MICHAEL 801-A S. BRENARD AVE. COCOA BEACH, FL 32931	•			
TITLE NAME STREET AODRESS CITY-ST-ZIP	Nicholas Furrow VP 801-A S. Brevaro Ave Cocon Beh FL 32931	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WE	RITE		
TITLE NAME SIREET ADDRESS CITY-SI-ZIP		IN THIS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>, j</i>				
11. I hereby of indicated limited line	certify that the information supplied with this filing dods not qua on this report is true and accurate and that my signature shall hilly company or the receiver of the state	alify for the exemptions contained in Chapter 119, Florida Statutes. I full have the same legal effect as if made under oath, that I am a manage this contains the country of the the coun	orther certify that the information ging member or manager of the		

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE