## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **DOCUMENT # L01000017910**

1. Entity Name

721 BEVILLE ROAD, L.L.C.



**FILED** Jan 12, 2007 08:00 AM Secretary of State

Principal Place of Business

2545 S ATLANTIC AVE

# 2201

DAYTONA BEACH, FL 32128

Mailing Address

PO BOX 290628 PORT ORANGE, FL 32129



DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 59-3752729 Not Applicable

\$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CARBONE, JOHN 2545 S ATLANTIC AVE DAYTONA BCH SHORES, FL 32128

## 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.			<del></del>	_
	Signature, typed or printed name of registered agent and title it applicable (NOTE Register	ed Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLUE SKY INVESTMENTS, INC. 1854 SECLUSION DR. DAYTONA BEACH, FL 32124		- U00000584157 01/12/07-80026-004 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARBONE, JOHN S 2545 S ATLANTIC AVE DAYTONA BCH SHORES, FL 32128	- · · · ·		
TITLE		1		

DO NOT WRITE IN THIS SPACE

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

O OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

118107

<u>386 788-8494</u>

Daytone Phone #