


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90019 042 \*\*\*138.75

<b>DOCUMENT # L01000017910</b>	
1. Entity Name 721 BEVILLE ROAD, L.L.C.	

Principal Place of Business 2545 S ATLANTIC AVE # 2201 DAYTONA BEACH, FL 32128	Mailing Address PO BOX 290628 PORT ORANGE, FL 32129
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3752729	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLUE SKY INVESTMENTS, INC. 1854 SECLUSION DR. DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARBONE, JOHN S 2545 S ATLANTIC AVE DAYTONA BCH SHORES, FL 32128
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**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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **1/8/08** **386 788-8494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #