

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003093

Entity Name: SUMMER SKIES, LLC

FILED
Mar 03, 2005
Secretary of State

Current Principal Place of Business:

16411 BLATT BLVD
APT 205
WESTON, FL 33326

New Principal Place of Business:

16411 BLATT BLVD
SUITE 205
WESTON, FL 33326

Current Mailing Address:

16411 BLATT BLVD
APT 205
WESTON, FL 33326

New Mailing Address:

16411 BLATT BLVD
SUITE 205
WESTON, FL 33326

FEI Number: 02-0557487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PABON, CLAUDIA M MGRM
16411 BLATT BLVD
APT 205
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NARANJO, SALAZAR
Address: 16411 BLATT BLVD APT 205
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: PABON, ESPINOSA
Address: 16411 BLATT BLVD APT 205
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAMUEL, NARANJO
Address: 16411 BLATT BLVD APT 205
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Change () Addition
Name: CLAUDIA, PABON
Address: 16411 BLATT BLVD APT 205
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDIA MARIA PABON

MGRM

03/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date