

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019710

FILED
Apr 30, 2004
Secretary of State

Entity Name: SKYCOASTER OF FLORIDA, LLC

Current Principal Place of Business:

7600 DR. PHILLIPS BLVD.
SUITE 58
ORLANDO, FL 32819

New Principal Place of Business:

2850 FLORIDA PLAZA BLVD
KISSIMMEE, FL 34746

Current Mailing Address:

7600 DR. PHILLIPS BLVD.
SUITE 58
ORLANDO, FL 32819

New Mailing Address:

5551 DEL VERDE WAY
ORLANDO, FL 32819

FEI Number: 32-0067625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTECKI, MARK C ESQ
215 CELEBRATION PLACE, STE. 500
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

ARIE, JOHN B
5551 DEL VERDE WAY
ORLANDO, FL 32819 US

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: JOHN ARIE

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KITCHEN, WILLIAM J MGR
Address: 7600 DR. PHILLIPS BLVD., SUITE58
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: METNI, ALAN MGR
Address: 7600 DR. PHILLIPS BLVD., SUITE 58
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARIE, JOHN B
Address: 5551 DEL VERDE WAY
City-St-Zip: ORLANDO, FL 32819 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN ARIE

MGRM

04/30/2004

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