

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019710

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: SKYCOASTER OF FLORIDA, LLC

**Current Principal Place of Business:**

2850 FLORIDA PLAZA BLVD  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

5551 DEL VERDE WAY  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 32-0067625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARIE, JOHN B  
5551 DEL VERDE WAY  
ORLANDO, FL 32819 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/MANAGERS:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGMR ( ) Change (X) Addition  
Name: NADDEO, LARRY  
Address: 5551 DEL VERDE WAY  
City-St-Zip: ORLANDO, FL 32819

Title: VPIN ( ) Change (X) Addition  
Name: BOGGS, JASON T  
Address: 5551 DEL VERDE WAY  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MGMR

01/20/2009

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