

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019723

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: SKYVENTURE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 02-0636214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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:**

METNI, ALAN  
7600 DR. PHILLIPS BLVD.  
SUITE 58  
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: ALAN METNI

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., SUITE 58  
City-St-Zip: ORLANDO, FL 32819

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

**ADDITIONS/CHANGES:**

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

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: ALAN METNI

MGRM

04/30/2004

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