2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000025889

1. Entity Name
SKY TOP ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
1101 CITRUS TOWER BLVD CLERMONT, FL 34711	1101 CITRUS TOWER BLVD CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

02162006No Chg-LLC CR2E083 (11/05)

4. FEI Number
55-0802481
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, JAMES MICHAEL DR
1101 CITRUS TOWER BLVD
CLERMONT, FL 34711

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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)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	RAY, JAMES M
STREET ADDRESS	1101 CITRUS TOWER BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	V
NAME	RAY, JOY
STREET ADDRESS	1101 CITRUS TOWER BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGR
NAME	FLORIN, JORGE L
STREET ADDRESS	1101 CITRUS TOWER BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGR
NAME	WILLIAMS, DEBRA
STREET ADDRESS	1101 CITRUS TOWER BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGR
NAME	PAWLEY, CAROL
STREET ADDRESS	1101 CITRUS TOWER BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGR
NAME	ADAMS, CAROL
STREET ADDRESS	1101 CITRUS TOWER BLVD
CITY-ST-ZIP	CLERMONT, FL 34711

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03/07/06-00050-001 50.00

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