2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L02000025889

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

Current Principal Place of Business:

1101 CITRUS TOWER BLVD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1101 CITRUS TOWER BLVD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 55-0802481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAY, JAMES MICHAEL DR
1101 CITRUS TOWER BLVD
CLERMONT, FL 34711 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:	P	( ) Delete
Name:	RAY, JAMES M	
Address:	1101 CITRUS TOWER BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	V	( ) Delete
Name:	RAY, JOY	
Address:	1101 CITRUS TOWER BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	MGR	( ) Delete
Name:	FLORIN, JORGE L	
Address:	1101 CITRUS TOWER BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	MGR	( ) Delete
Name:	WILLIAMS, DEBRA	
Address:	1101 CITRUS TOWER BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	MGR	( ) Delete
Name:	PAWLEY, CAROL	
Address:	1101 CITRUS TOWER BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	MGR	( ) Delete
Name:	ADAMS, CAROL	
Address:	1101 CITRUS TOWER BLVD	
City-St-Zip:	CLERMONT, FL 34711	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JAMES M RAY P 04/27/2007

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