

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026012

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: BLUE SKY, L.L.C.

**Current Principal Place of Business:**

12 KUNJBAN SOCIETY, 473-A H.K. MANDIR RD  
MODEL COLONY  
PUNE 411016, MH INDIA

**New Principal Place of Business:**

**Current Mailing Address:**

14781 MEMORIAL DRIVE  
# 1914  
HOUSTON, TX 77079

**New Mailing Address:**

FEI Number: 33-1025334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAKHANI, NIVEDITA  
880 MANDALAY AVE  
# S-401  
CLEARWATER BEACH, FL 33767 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: MGR ( ) Delete  
Name: LAKHANI, NIVEDITA  
Address: 880 MANDALAY AVE, #S-401  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGR ( ) Delete  
Name: MASTER, ADARBAD  
Address: 880 MANDALAY AVE, #S-401  
City-St-Zip: CLEARWATER BEACH, FL 33767

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAKHANI, NIVEDITA  
Address: 14781 MEMORIAL DR, #1914  
City-St-Zip: HOUSTON, TX 77079

Title: MGR (X) Change ( ) Addition  
Name: MASTER, ADARBAD  
Address: 14781 MEMORIAL DR, #1914  
City-St-Zip: HOUSTON, TX 77079

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: NIVEDITA LAKHANI

MGR

04/09/2009

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