

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026558

FILED
Mar 24, 2009
Secretary of State

Entity Name: SKYTRACKERS SOUTHEAST, L.L.C.

Current Principal Place of Business:

679 GREEN TURTLE COURT
GENEVA, FL 32732

New Principal Place of Business:

Current Mailing Address:

679 GREEN TURTLE COURT
GENEVA, FL 32732

New Mailing Address:

FEI Number: 33-1027434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEMAN, SCOTT A
679 GREEN TURTLE COURT
GENEVA, FL 32732 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: WHITEMAN, SCOTT A
Address: 679 GREEN TURTLE COURT
City-St-Zip: GENEVA, FL 32732

Title: MGR () Delete
Name: GARPIEL, CHERYL L
Address: 3027 SLIPPERY ROAD AVE.
City-St-Zip: ORLANDO, FL 32826

Title: MGR () Delete
Name: WHITEMAN, DEANNA
Address: 679 GREEN TURTLE COURT
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GARPIEL, CHERYL L
Address: 3027 SLIPPERY ROCK AVE.
City-St-Zip: ORLANDO, FL 32826

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: SCOTT A. WHITEMAN

MGR

03/24/2009

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