


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90463 006 ****50.00

DOCUMENT # L02000027575	
1. Entity Name SKYLIGHT PROPERTIES, L.L.C.	

Principal Place of Business 3438 EAST LAKE ROAD, #14 PALM HARBOR, FL 34685	Mailing Address 3438 EAST LAKE ROAD, #14 PALM HARBOR, FL 34685
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2. Principal Place of Business - No P.O. Box # 35246 U.S. Hwy 19 N Suite, Apt. #, etc. #321	3. Mailing Address 35246 U.S. Hwy 19 N Suite, Apt. #, etc. #321
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City & State Palm Harbor, FL Zip 34684 Country USA	City & State Palm Harbor, FL Zip 34684 Country USA
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01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 52-2384290	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, ANDREA 3438 EAST LAKE RD #14 PALM HARBOR, FL 34685	
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7. Name and Address of New Registered Agent Name ANDREA BROWN Street Address (P.O. Box Number is Not Acceptable) 35246 U.S. Hwy 19 N. #321 City Palm Harbor FL Zip Code 34684	
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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-7

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, ANDREA L 3483 EAST LAKE ROAD, #14 PALM HARBOR, FL 34685 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, ANDREA 35246 U.S. Highway 19 N #321 Palm Harbor, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-13-7 727-641-7858