

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027575

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: SKYLIGHT PROPERTIES, L.L.C.

## Current Principal Place of Business:

35246 US HWY 19 NORTH  
321  
PALM HARBOR, FL 34684

## New Principal Place of Business:

## Current Mailing Address:

35246 US HWY 19 NORTH  
321  
PALM HARBOR, FL 34684

## New Mailing Address:

FEI Number: 52-2384290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, ANDREA  
35246 US HWY 19 NORTH  
#321  
PALM HARBOR, FL 34684 US

## Name and Address of New Registered Agent:

MARX, VOYKO  
35246 US HWY 19 NORTH  
#321  
PALM HARBOR, FL 34684 US

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: VOYKO MARX

01/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BROWN, ANDREA L  
Address: 35246 US HWY 19 NORTH #321  
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM (X) Delete  
Name: MARX, VOYKO  
Address: 35246 US HWY 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34684

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MARX, VOYKO  
Address: 35246 US HWY 19 NORTH #321  
City-St-Zip: PALM HARBOR, FL 34684

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: VOYKO MARX

MGRM

01/17/2009

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