2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Mar 26, 2008 8:00 am Secretary of State **DOCUMENT #L02000034702** 1. Entity Name ONE BIG SKY, LLC 03-26-2008 90113 008 ***143.75 Principal Place of Business Mailing Address 7309 EDENVILLE DR. 7309 EDENVILLE DR. 60017193 SARASOTA, FL 34243 SARASOTA, FL 34243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222008 Chg-LLC CR2E083 (12/06) City & State City & State 4 FEI Number Applied For 42-1564172 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BYAS, CURTIS BYAS, CURTIS.J. 1031 HUDSON RD. VENICE, FL 34293 SALABOTA 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 3-21-08 Signature, typed or print (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Addition ☐ Delete TITLE ☐ Change BYAS, CURTIS NAME NAME 7309 EDENVILLE DR. STREET ADORESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete TITLE ☐ Change NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition IIILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 21,2008 (941)357-6949

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED