2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# L03000008877

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

Current Principal Place of Business:

108A 4TH AVENUE SOUTH
SAFETY HARBOR, FL 34695

New Principal Place of Business:

108 4TH AVENUE SOUTH
SAFETY HARBOR, FL 34695

Current Mailing Address:

108A 4TH AVENUE SOUTH
SAFETY HARBOR, FL 34695

New Mailing Address:

108 4TH AVENUE SOUTH
SAFETY HARBOR, FL 34695

FEI Number: 02-0686274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON, PATRICIA
108A 4TH AVENUE SOUTH
SAFETY HARBOR, FL 34695 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/MEMBERS:

Title: MGR ( ) Delete
Name: ALLISON, PATRICIA
Address: 108A 4TH AVENUE SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM ( ) Delete
Name: HOSKINSON, MARY KING
Address: 108 4TH AVENUE SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALLISON, PATRICIA
Address: 108 4TH AVENUE SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY KING HOSKINSON MGRM 01/05/2005

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