

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011467

FILED
Apr 13, 2004
Secretary of State

Entity Name: CLUB BLUE SKY, LLC

Current Principal Place of Business:

12644 SOUTH LAKE SAWYER LANE
WINDERMERE, FL 32786

New Principal Place of Business:

13114 ZORI LANE
WINDERMERE, FL 34786

Current Mailing Address:

12644 SOUTH LAKE SAWYER LANE
WINDERMERE, FL 32786

New Mailing Address:

13114 ZORI LANE
WINDERMERE, FL 34786

FEI Number: 27-0076379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIVINE, RUSSELL W
24 SOUTH ORANGE AVENUE, STE. 203
ORLANDO, FL 32801 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: PIPER, CHARLES W II
Address: 12644 SOUTH LAKE SAWYER LANE
City-St-Zip: WINDERMERE, FL 32786

Title: MGR () Delete
Name: PIPER, NICOLE L
Address: 12644 SOUTH LAKE SAWYER LANE
City-St-Zip: WINDERMERE, FL 32786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PIPER, CHARLES W II
Address: 13114 ZORI LANE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR (X) Change () Addition
Name: PIPER, NICOLE L
Address: 13114 ZORI LANE
City-St-Zip: WINDERMERE, FL 34786

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: NICOLE L PIPER

MGR

04/13/2004

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