## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

BIOMATURE

## Apr 11, 2008 8:00 am Secretary of State 03-25-2008 90083 025 \*\*\*143.75 DOCUMENT # L03000014482 1. Entity Name SKY KING, L.L.C. Principal Place of Busine: s Mailing Address P.O. BOX 1369 P.O. BOX 1369 30003720 WINDERMERE, FL 34786 WINDERMERE, FL 34786 01162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0831596 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Nam a end Address of Current Registered Agent BUONAURO, FRANK A DO NOT WRITE 24 PINE ST WINDERMERE, FL 34786 IN THIS SPACE 8. The above named entry 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 regit tered agent. Sonature, type i or printed name of requitared agent and tole if applicable. (NOTE: Registered Agens agnitives required when reinstaing) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR BUONAURO, FRANK A JR NAME P.O. BOX 1369 STREET ADDRESS WINDER WERE, FL 34786 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-ST-ZIP In this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 stee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that i ie info indicated on this rep int is to limited liability comp ny

BER, OR AUTHORIZED REPRESENTATIVE

**FILED**