


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90004 018 \*\*\*\*\*55.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # L03000021497</b>          |  |  |
| 1. Entity Name<br>SKYTRUCK COMPANY, LLC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>801 ANCHOR RODE DRIVE<br>#203<br>NAPLES, FL 34103 US | Mailing Address<br>3200 TAMIAMI TRAIL NORTH<br>SUITE 200<br>NAPLES, FL 34103 US |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



02132006 Chg-LLC CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0964835 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
|--|--------------------------------|

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent                                       |  | 7. Name and Address of New Registered Agent        |          |
| LOMBARDO, J. CHRISTOPHER<br>3200 TAMIAMI TRAIL NORTH<br>SUITE 200<br>NAPLES, FL 34103 |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | FL   | Zip Code |

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.

|           |   |  |      |
|-----------|---|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|--|------|

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LOMBARDO, CHRISTOPHER J<br>3200 TAMIAMI TRAIL NORTH, SUITE 200<br>NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MACLEAN, LANCE<br>801 ANCHOR RODE DRIVE, #203<br>NAPLES, FL 34103 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

|   |                         |              |          |                         |              |
|---|-------------------------|--------------|----------|-------------------------|--------------|
| <b>SIGNATURE:</b>   | <i>Lance G. Maclean</i> | <b>DATE:</b> | 02/16/06 | <b>DAYTIME PHONE #:</b> | 239 643 4945 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                         |              |          |                         |              |

ATTACHMENT



20014418  
#L03000021497

WOODWARD, PIRES & LOMBARDO, P.A.  
Attorneys - At - Law

CRAIG R. WOODWARD ○  
MARK J. WOODWARD  
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J. CHRISTOPHER LOMBARDO  
STEVEN V. BLOUNT  
CARRIE E. LADEMAN

February 27, 2006

CARLO F. ZAMPOGNA  
JENNIFER L. SZYMANSKI  
JENNIFER M. TENNEY

○ (Board Certified Real Estate Attorney)  
■ (Board Certified City, County and Local Government Attorney)

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Skytruck Company, LLC

To Whom It May Concern:

Enclosed for filing please find the original 2006 Limited Liability Company Annual Report for Skytruck Company, LLC and our firm trust account check in the amount of \$55.00 representing \$50.00 for the filing fee and \$5.00 for a Certificate of Status.

Please feel free to contact me if you have any questions or need anything further.

Very truly yours,

Tara Nesslein  
Assistant to J. Christopher Lombardo, Esq.

/tnn  
Enclosures

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