2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 09, 2006 8:00 am Secretary of State **DOCUMENT # L03000021497** 03-09-2006 90004 018 ****55.00 SKYTRUCK COMPANY, LLC Principal Place of Business Mailing Address **801 ANCHOR RODE DRIVE** 3200 TAMIAMI TRAIL NORTH SUITE 200 #203 NAPLES, FL 34103 US NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 20-0964835 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOMBARDO, J. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Change TITLE ☐ Addition TITLE ☐ Delete LOMBARDO, CHRISTOPHER J NAME 3200 TAMIAMI TRAIL NORTH, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 **MGRM** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MACLEAN, LANCE NAME 801 ANCHOR RODE DRIVE, #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 regeliver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

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Lance G. Maclean - President 02/16/06 23964349 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

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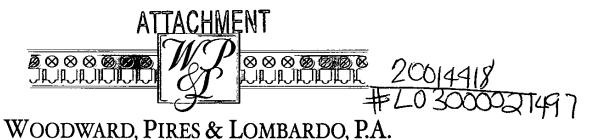
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FILED



Attorneys-At-Law

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- **⊚** (BoardCertifiedRealEstate Attorney)

February 27, 2006

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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