

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023127

FILED
Mar 20, 2009
Secretary of State

Entity Name: SUNNY SKIES, L.L.C.

Current Principal Place of Business:

708 SW 16TH AVENUE OFFICE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

400 EAST THIRD STREET
SUITE 1
BLOOMINGTON, IN 47401

New Mailing Address:

FEI Number: 20-0077976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLER, DONALD M
708 SW 16TH AVENUE OFFICE
GAINESVILLE, FL 32601 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/MANAGERS:

Title: MGRM () Delete
Name: COLLIER, DONALD M
Address: 400 EAST THIRD STREET, SUITE 1
City-St-Zip: BLOOMINGTON, IN 47401

Title: MGRM () Delete
Name: JDPHD INVESTMENT GRO, UP, LLC
Address: 708 SW 16TH AVENUE OFFICE
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM () Delete
Name: COLLIER, MARIBETH
Address: 400 EAST THIRD STREET, SUITE 1
City-St-Zip: BLOOMINGTON, IN 47401

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARIBETH COLLIER

MGRM

03/20/2009

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