
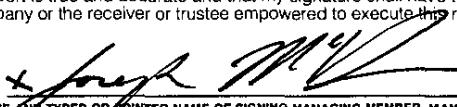


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90028 006 ****50.00

DOCUMENT # L03000029421					
1. Entity Name SKY SHADES HOLDINGS LLC					
Principal Place of Business 832 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779			Mailing Address 832 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779		
2. Principal Place of Business Longwood		3. Mailing Address 407 Wekiwa Springs Rd			
Suite, Apt. #, etc. 351		Suite, Apt. #, etc. 351			
City & State Longwood Fl.		City & State Longwood, Fl.		4. FEI Number 80-0098393	
Zip 32779	Country Seminole	Zip 32779	Country Seminole	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COPELAND, RICHARD W 631 PARLM SPRINGS DRIVE, SUITE 115 ALTAMONTE SPRINGS, FL 32701				Name	
				Street Address (P.O. Box Number is Not Acceptable) 631 Palm Springs Drive Suite 115	
				City Altamonte Spring	
				FL	Zip Code 32779
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKENNA, JOSEPH M III 832 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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 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 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: 				4-9-04 407-774-2337 Date Daytime Phone #	