


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037028 1. Entity Name KENNEDY SKYLIGHTS, LLC	
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Principal Place of Business 5294 TOWER WAY SANFORD, FL 32773	Mailing Address 5294 TOWER WAY SANFORD, FL 32773
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DO NOT WRITE IN THIS SPACE



01122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1206214	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIRLEY, JONATHAN W 171 CIRCLE DRIVE MAITLAND, FL 32751
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, CONNIE 5294 TOWER WAY SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLS, LEE 5294 TOWER WAY SANFORD, FL 32773
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05/10/06-80055-019 50.00

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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.

SIGNATURE: Connie Thomas 4/25/06 407-330-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #