2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2005
Secretary of State

DOCUMENT# L04000007148

Entity Name: BLUESKIES EVERYDAY, LLC.

Current Principal Place of Business:

2700 IMMOKALEE ROAD
NAPLES, FL 34110

New Principal Place of Business:

2650 IMMOKALEE ROAD
BLDG 300 UNIT 2
NAPLES, FL 34110

Current Mailing Address:

2700 IMMOKALEE ROAD
NAPLES, FL 34110

New Mailing Address:

2650 IMMOKALEE ROAD
BLDG 300 UNIT 2
NAPLES, FL 34110

FEI Number: 20-0735617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACKMON, PAUL
2700 IMMOKALEE ROAD
C/O CICI'S PIZZA
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BLACKMON, PAUL
2650 IMMOKALEE RD
C/O CICI'S PIZZA BLDG 300 UNIT 2
NAPLES, FL 34110 US

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: _____ 07/29/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BLACKMON, PAUL
Address: 2700 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BLACKMON, PAUL
Address: 2650 IMMOKALEE ROAD, BLDG 300 UNIT 2
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL BLACKMON MGRM 07/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date