

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024596

Entity Name: BLUESKY INVESTMENTS, LLC

FILED  
Apr 21, 2005  
Secretary of State

## Current Principal Place of Business:

19646 SPRING OAK DRIVE  
EUSTIS, FL 32736

## New Principal Place of Business:

## Current Mailing Address:

19646 SPRING OAK DRIVE  
EUSTIS, FL 32736

## New Mailing Address:

FEI Number: 16-1698112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOEMPEL, JAMES J  
19646 SPRING OAK DRIVE  
EUSTIS, FL 32736 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: GOEMPEL, JAMES J  
Address: 19646 SPRING OAK DRIVE  
City-St-Zip: EUSTIS, FL 32736

Title: MGRM ( ) Delete  
Name: CRUCE, RODNEY J  
Address: 663-6 BARTONS LANDING PLACE  
City-St-Zip: FAYETTEVILLE, NC 28314

Title: MGRM ( ) Delete  
Name: GOEMPEL, RUSSELL J  
Address: 795 FRANKLIN STR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## 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 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: JIM GOEMPEL

MGRM

04/21/2005

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