

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031458

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: CIARA SKYE ENTERPRISES, LLC

## Current Principal Place of Business:

3504 RADIO ROAD  
NAPLES, FL 34104 US

## New Principal Place of Business:

3960 RADIO ROAD  
203  
NAPLES, FL 34104 US

## Current Mailing Address:

3504 RADIO ROAD  
NAPLES, FL 34104 US

## New Mailing Address:

3960 RADIO ROAD  
203  
NAPLES, FL 34104 US

FEI Number: 20-1044211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS G. UNSWORTH, PA, CPA  
3504 RADIO ROAD  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

THOMAS G. UNSWORTH, CPA  
3960 RADIO ROAD  
203  
NAPLES, FL 34104 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: THOMAS G. UNSWORTH, CPA

04/11/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: UNSWORTH, THOMAS G  
Address: 1486 13TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM ( ) Delete  
Name: UNSWORTH, DEBORAH J  
Address: 1486 13TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34102 US

## ADDITIONS/CHANGES:

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 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: THOMAS G. UNSWORTH

MGRM

04/11/2007

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