## , 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000047793

t. Entity Name SOUTHERN SKY FIREWORKS LLC

Principal Place of Business

Mailing Address

10807 WADESBORO ROAD TALLAHASSEE, FL 32317

10807 WADESBORD ROAD TALLAHASSEE, FL 32317

### **FILED** Feb 23, 2006 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

02202006No Chg-LLC

CRZE083 (11/05)

4. FEI Number 20-1283243

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

BERTELSEN, KARL

# NOT MOITE

10807 WADESBORO ROAD TALLAHASSEE, FL 32317		IN THIS SPACE
	named entity submits this statement for the purpose of changing ions of registered agent.	its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (N	OTE Registered Agent signature required when reinstating)  DATE
FI	iling Fee is \$50.00 ue by May 1, 2008	
9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGR BERTELSEN, KARL 10807 WADESBORO ROAD TALLAHASSEE, FL 32317	H00000445170 03/07/06-80033-004-50.00
TOTLE NAME STREET ADDRESS CITY-S7-ZIP		03/07/06-80033-004 50.00
TOLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby indicated	certify that the information supplied with this filing does not quality on this report is true and accurate and that my signature shall be	fy for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information have the same legal effect as if made under oath; that I am a managing member or manager of the

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

877-7660

Daytime Phone #