


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90376 005 ****50.00

DOCUMENT # L04000049899					
1. Entity Name BLUE SKY INVESTMENTS, LLC.					
Principal Place of Business 255 E. COMMERCIAL BLVD. SUITE 202 LAUDERDALE BY THE SEA, FL 33308			Mailing Address 255 E. COMMERCIAL BLVD. SUITE 202 LAUDERDALE BY THE SEA, FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARTHE & LEIGH, LLP 2455 E. SUNRISE BLVD. SUITE 602 FORT LAUDERDALE, FL 33304			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZAPPIN, DONNA M 460 SOUTH 1A1 DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUCHET, RUTH 255 E. COMMERCIAL BLVD # 202 LAUDERDALE BY THE SEA FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NEWMAN, RUTH 255 E. COMMERCIAL BLVD. #202 LAUDERDALE BY THE SEA, FL 33308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DELOUVIER GROUP 255 E COMMERCIAL BD # 202 LAUDERDALE BY THE SEA FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	f		TITLE NAME STREET ADDRESS CITY - ST - ZIP	f	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Ruth L Huchet</i>			SIGNATURE: <i>RUTH L HUCHET</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 5/30/05 Daytime Phone #: 561 271 1836		