

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90106 012 ****50.00

20015639



02202005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000051540		
1. Entity Name BLUE SKY ENTERPRISE, LLC		

Principal Place of Business 3755 GULF BREEZE PKWY GULF BREEZE, FL 32563 US	Mailing Address 504 SOUTHRIDGE DRIVE HAMILTON ONTARIO CANADA LPC 7V3,
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2. Principal Place of Business		3. Mailing Address 3755 Gulf Breeze Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE L	
City & State		City & State Gulf Breeze, FL	
Zip	Country	Zip	Country
32563	US	32563	US

6. Name and Address of Current Registered Agent	
LYNCHARD LAW FIRM, PA 8285 NAVARRE PARKWAY NAVARRE, FL 32566	

7. Name and Address of New Registered Agent

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.

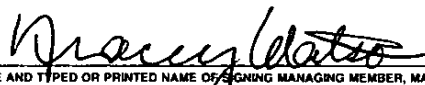
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, TRACEY 504 SOUTHRIDGE DRIVE HAMILTON, ON L9C 7V3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRACEY WATSON 3755 GULF BREEZE PARKWAY, UNIT L GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Feb 24/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>