


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90136 010 \*\*\*\*50.00

<b>DOCUMENT # L04000059997</b>	
1. Entity Name <b>BLUE SKYS, LLC</b>	

Principal Place of Business <del>118 W CERVANTES STREET</del> <del>PENSACOLA, FL 32501</del> <b>US</b>	Mailing Address <del>118 W CERVANTES STREET</del> <del>PENSACOLA, FL 32501</del> <b>US</b>
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**20001791**



2. Principal Place of Business <b>422 N BAYLEN</b>	3. Mailing Address <b>422 N BAYLEN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122006 Chg-LLC CR2E083 (11/05)

City & State <b>PENSACOLA, FL</b>	City & State <b>PENSACOLA, FL</b>
Zip <b>32501</b> Country <b>USA</b>	Zip <b>32501</b> Country <b>USA</b>

4. FEI Number <b>20-1523196</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>HOFFMAN, CHARLES L JR.</b> <b>226 PALAFOX PLACE</b> <b>NINTH FLOOR SEVILLE TOWER</b> <b>PENSACOLA, FL 32502</b>	

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 \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>REBUILDING AMERICA, INC.</b> <del>118 W CERVANTES</del> → <del>PENSACOLA, FL 32501</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>REBUILDING AMERICA, INC.</b> <b>422 N BAYLEN ST</b> <b>PENSACOLA, FL 32501</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <u><b>ROBIN JORGE</b></u> <b>ROBIN JORGE</b>	Date <b>1/12/06</b>	Daytime Phone # <b>850-432-0293</b>
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