2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000061544

1. Entity Name

SKYLARK PLAZA, LLC

Principal Place of Business 1801 S. KEENE ROAD CLEARWATER, FL 33756 Mailing Address

1801 S. KEENE ROAD CLEARWATER, FL 33756

FILED May 02, 2007 8:00 am Secretary of State

05-02-2007 90350 018 ****50.00

40098233



04302007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number	Applied For
20-1525998	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHTSEY, ALTON L 2105 PARK AVENUE NORTH WINTER PARK, FL 32789

SIGNATURE:

SIGNATURE AND TYPED

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	, a			
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_	Signature, typed or printed name of registered agent and brie if applicable. (NOTE: Registere	d Agent signature required when reinstating) DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME " STREET ADDRESS CITY-ST-21P	MGRM WHITE, JAMES J 1801 S KEENE RD CLEARWATER, FL 33756	i		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN THIS SPACE		
NAME STREET ADDRESS CITY+ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.				

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE