


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90185 004 \*\*\*\*50.00

<b>DOCUMENT # L04000069822</b>	
1. Entity Name <b>BLUE SKY REALTY, LLC</b>	

Principal Place of Business <b>1133 DEL PRADO BLVD., STE #5 CAPE CORAL, FL 33990</b>	Mailing Address <b>1133 DEL PRADO BLVD., STE #5 CAPE CORAL, FL 33990</b>
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2. Principal Place of Business <b>Same</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
<b>GROSS, DONNA K</b> <b>1133 DEL PRADO BLVD., STE #5</b> <b>CAPE CORAL, FL 33990</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	DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGR	TITLE	
NAME	GROSS, DONNA K	NAME	
STREET ADDRESS	1133 DEL PRADO BLVD., STE #5	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33990	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	GROSS, ALLEN F	NAME	
STREET ADDRESS	1133 DEL PRADO BLVD., STE #5	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33990	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

<b>SIGNATURE:</b> 	<b>1/13/05</b>	<b>239-573-1239</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

Daytime Phone #