## <sup>2007</sup> LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000070928** 

BLUÉ SKY DEVELOPMENTS, LLC



**FILED** Mar 19, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

**6210 MEDICI COURT UNIT 206** 

SARASOTA, FL 34243 US

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SARASOTA, FL 34243 US



03152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 76-0767122

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVEY, DELBERT GARY 6210 MEDICI COURT **UNIT 206** SARASOTA, FL 34243

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8.	. The above named entity submits this statement for the purpose of changing its registered of	fice or registered agent, or both, in the State of Florida	a. I am familiar with, and accept
	the obligations of registered agent.		•

SIGNATURE

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, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	ALVEY, DELBERT GARY
STREET ADDRESS	6210 MEDICI COURT, UNIT 206
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
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11 I boroby o	pertify that the information symplical with this filing done not qualify for the av

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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.

SIGNATURE

R, OR AUTHORIZED REPRESENTATIVE