2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L04000071978

Entity Name: SKYFIN, LLC

Current Principal Place of Business:

4123 UNIVERSITY BLVD., SOUTH, SUITE D
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

C/O RAFAS LLLC
P.O. BOX 550756
JACKSONVILLE, FL 32255

New Mailing Address:

C/O RAFAS LLLC
P.O. BOX 3592
PONTE VEDRA BEACH, FL 32004

FEI Number: 20-1703690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHOSRAVI, HORMOZ
4123 UNIVERSITY BLVD., SOUTH, SUITE D
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ST ( ) Delete
Name: SAMIVAN, M. REZA
Address: P.O. BOX 550756
City-St-Zip: JACKSONVILLE, FL 32255

ADDITIONS/CHANGES:

Title: ST (X) Change ( ) Addition
Name: SAMIVAN, M. REZA
Address: P.O. BOX 3592
City-St-Zip: PONTE VEDRA BEACH, FL 32004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: M REZA SAMIIAN MR 04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date