

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072822

FILED  
May 05, 2008  
Secretary of State

Entity Name: REDSKY DEVELOPMENT LLC

**Current Principal Place of Business:**

3644 POND VIEW LANE  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

3644 POND VIEW LANE  
SARASOTA, FL 34235

**New Mailing Address:**

FEI Number: 20-2567361      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BENNETT, JANE  
3644 POND VIEW LANE  
SARASOTA, FL 34235      US

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: MGR      ( ) Delete  
Name: BENNETT, JANE  
Address: 3644 POND VIEW LANE  
City-St-Zip: SARASOTA, FL 34235

Title: MGR      ( ) Delete  
Name: PITT, D.H.  
Address: 7440 BOTANICA PKWY  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JANE BENNETT

MGR

05/05/2008

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