
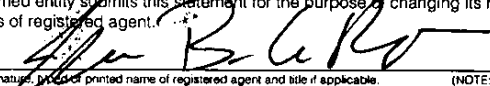
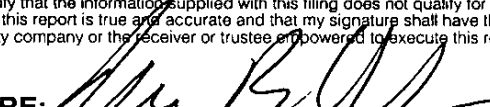


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90345 005 ****50.00

DOCUMENT # L04000074099 1. Entity Name SKY DEVELOPERS, LLC					
Principal Place of Business C/O JAMES B. LABATE 4300 NE 23RD AVENUE FORT LAUDERDALE, FL 33308 US			Mailing Address C/O JAMES B. LABATE 4300 NE 23RD AVENUE FORT LAUDERDALE, FL 33308 US		
2. Principal Place of Business - No P.O. Box # SKY Developers, LLC			3. Mailing Address SKY Developers, LLC		
Suite, Apt. #, etc. 2839 ALT. US 27 South			Suite, Apt. #, etc. 2839 ALT US 27 South		
City & State Sebring, FL			City & State Sebring, FL		
Zip 33870		Country USA		Zip 33870	
Country USA		4. FEI Number 20-1737069			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, DENNIS D ESQ. C/O TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301			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					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LABATE, JAMES B 4300 NE 23RD AVENUE FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAYES, JAMES R 2911 SW 36TH STREET FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WYNN, WARREN R III 2356 NE 7TH PLACE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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  DATE 4/14/07 Daytime Phone # 554-599 4900		