

FILED
Jun 20, 2005 8:00 am
Secretary of State

04-25-2005 90100 006 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000082404					
1. Entity Name SKY REAL ESTATE REFERRALS, LLC					
Principal Place of Business 1237 NORTH GULFSTREAM AVENUE, UNIT B SARASOTA, FL 34236			Mailing Address 1237 NORTH GULFSTREAM AVENUE, UNIT B SARASOTA, FL 34236		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent MIDDLEBROOKS, J. HUGH 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROFFERS, CHAD		NAME		
STREET ADDRESS	1237 NORTH GULFSTREAM AVENUE, UNIT B		STREET ADDRESS		
CITY-STATE-ZIP	SARASOTA, FL 34236		CITY-STATE-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HERBOLD, BRANDYN		NAME		
STREET ADDRESS	1237 NORTH GULFSTREAM AVENUE, UNIT B		STREET ADDRESS		
CITY-STATE-ZIP	SARASOTA, FL 34236		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/12/05 Daytime Phone # _____		