


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90041 039 ****50.00

DOCUMENT # L04000088311	
1. Entity Name SKY LAND REALTY GROUP LLC	

Principal Place of Business 4248 TOWN CENTER BOULEVARD SUITE 5 ORLANDO, FL 32837 US	Mailing Address 4248 TOWN CENTER BOULEVARD SUITE 5 ORLANDO, FL 32837 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1969409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CERRUD, EURIBIADES II 1969 SOUTH ALAFAYA TRAIL PMB 317 ORLANDO, FL 32828-8732	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, MYAVA 14612 BRADDOCK ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X  **4/12/06** **321-206-5550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
20030812
#L04000088311



50-52 W. Oak St. Kissimmee, FL 34741
Phone: 407-513-4930; Fax: 407-348-8104

April 12, 2006

To: Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314
From: Sky Land Realty Group
Re: Check and Form

To whom it may concern:

Enclosed please find the Limited Liability Company Annual Report Document with the
\$ 50.00 dollars Check.

Please contact me with any inquiries.

Sincerely,

A handwritten signature in cursive script, appearing to read "Fabian Cancel", is written over a horizontal line.

Fabian Cancel
President