2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # L04000088311 04-17-2006 90041 039 ****50.00 SKY LAND REALTY GROUP LLC Principal Place of Business Mailing Address 4248 TOWN CENTER BOULEVARD 4248 TOWN CENTER BOULEVARD SUITE 5 SUITE 5 ORLANDO, FL 32837 ORLANDO, FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CERRUD, EURIBIADES II Street Address (P.O. Box Number is Not Acceptable) 1969 SOUTH ALAFAYA TRAIL PMB 317 ORLANDO, FL 32828-8732 City 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, typed or printed name of registered agent and little If applicable (NOTE: Registered Agont signature required when rainstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Change Addition TITLE TITLE MGRM ☐ Delete RODRIGUEZ, MYAVA NAME NAME 14612 BRADDOCK STREET ADDRESS STREET ADDRESS ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Dolete IITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 🔲 TITLE ☐ Dolete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

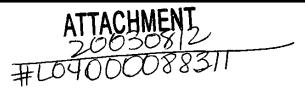
STREET ADDRESS

CITY-ST-ZIP

FILED

☐ Change

■ Addition





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,

Fabian Cancel

President