


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000015469			
1. Entity Name SKYPOINT LLC			
Principal Place of Business P.O. BOX 1341 TAMPA, FL 33601-1341		Mailing Address P.O. BOX 1341 TAMPA, FL 33601-1341	
2. Principal Place of Business 601 N. ASHLEY Suite, Apt. #, etc. SUITE 600 City & State TAMPA, FL Zip 33602 Country HILLSBOROUGH		3. Mailing Address 601 N. ASHLEY Suite, Apt. #, etc. SUITE 600 City & State TAMPA, FL Zip 33602 Country HILLSBOROUGH	
4. FEI Number 20-2810083		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 GARDNER, J. STEPHEN 220 S. FRANKLIN STREET TAMPA, FL 33602		7. Name and Address of New Registered Agent Name J. STEPHEN GARDNER Street Address (P.O. Box Number is Not Acceptable) 101 S. FRANKLIN STREET, SUITE 101 City TAMPA FL Zip Code 33602	
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 <u>J. S. Gardner</u> DATE <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER SKYPOINT SUB, LLC 601 N. ASHLEY, SUITE 600 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" 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
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 100075546851 05/31/06--01010--012 **822.50
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
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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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: <u>J. S. Gardner, attorney</u>		Date <u>4/26/06</u> Daytime Phone #	