

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90025 013 \*\*\*\*50.00

**DOCUMENT # L05000021314**

1. Entity Name  
**BIG SKY GROUP, LLC**



Principal Place of Business  
**14656 BOXWOOD DRIVE  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**14656 BOXWOOD DRIVE  
PALM BEACH GARDENS, FL 33418**

**20044488**



2. Principal Place of Business  
**525 South Flagler Drive  
Suite, Apt. #, etc.  
Suite 200**

3. Mailing Address  
**Post Office Box 3208  
Suite, Apt. #, etc.**

04142006 Chg-LLC CR2E083 (11/05)

City & State  
**West Palm Beach, FL**

City & State  
**Palm Beach, FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip  
**33401**

Country  
**US**

Zip  
**33480**

Country  
**US**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410**

**7. Name and Address of New Registered Agent**

Name  
**A. Faxon Henderson, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**525 South Flagler Drive  
Suite 200**

City  
**West Palm Beach FL** Zip Code  
**33401**

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 *A. Faxon Henderson, Jr.* **A. Faxon Henderson, Jr. Registered Agent** **04-25-2006**  
(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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LAINHART, DONALD C  
14656 BOXWOOD DRIVE  
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LAINHART, SHARON W  
14656 BOXWOOD DRIVE  
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:** *Donald C. Lainhart* **Donald C. Lainhart, Manager** **April 28, 2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #