

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000026778

**FILED**  
**Apr 30, 2009**  
**Secretary of State****Entity Name:** SKY RESORT MANAGEMENT LLC**Current Principal Place of Business:**14227 ISLAMORADA DRIVE SUITE A  
ORLANDO, FL 32837**New Principal Place of Business:****Current Mailing Address:**14227 ISLAMORADA DRIVE SUITE A  
ORLANDO, FL 32837**New Mailing Address:****FEI Number:** 22-3914534**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GORDON, JOHN  
Address: 14227 ISLAMORADA DRIVE SUITE A  
City-St-Zip: ORLANDO, FL 32837

Title: VP (X) Delete  
Name: MARSHALL, SANDY  
Address: 7011 GRAND NATIONAL DRIVE, 104  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN GORDON

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date