

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000034216

Entity Name: SKY REALTY, LLC

FILED  
Oct 09, 2007  
Secretary of State

## Current Principal Place of Business:

101 N.E. THIRD AVENUE  
STE. 1500  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

## Current Mailing Address:

101 N.E. THIRD AVENUE  
STE. 1500  
FT. LAUDERDALE, FL 33301

## New Mailing Address:

FEI Number: 20-2438042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NASEER, FARHAN  
101 N.E. THIRD AVENUE  
STE. 1500  
FT. LAUDERDALE, FL 33301 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: NASEER, FARHAN  
Address: 101 N.E. THIRD AVENUE, STE. 1500  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR ( ) Delete  
Name: SCHLAM, CAROLYN  
Address: 101 N.E. THIRD AVENUE, STE. 1500  
City-St-Zip: FT. LAUDERDALE, FL 33301

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: LA CROIX, CAPRICE C  
Address: 3101 N. FEDERAL HIGHWAY, STE. 301  
City-St-Zip: FT. LAUDERDALE, FL 33306

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: FARHAN NASEER

MGRM

10/09/2007

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