

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038053

FILED
Jan 16, 2009
Secretary of State

Entity Name: SKY ACCESS, LLC

Current Principal Place of Business:

12734 KENWOOD LANE, SUITE 35
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE, SUITE 35
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-2706383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, JAMES T
12734 KENWOOD LANE, SUITE 35
FORT MYERS, FL 33907 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: MGR () Delete
Name: CARROLL, JAMES T
Address: 12734 KENWOOD LANE, SUITE 35
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: ZAHORIAN, STEPHEN
Address: 12734 KENWOOD LN STE 35
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: ROBERTSON, SCOTT
Address: 12734 KENWOOD LN STE 35
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: BROWN, JEFF
Address: 11351 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: FISCHER, SCOTT
Address: 12271 TOWN LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: MGR () Delete
Name: BROWN, ROBERT
Address: 2510-1 ROCKFILL ROAD
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: JAMES T CARROLL

MGR

01/16/2009

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