

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038467

Entity Name: CLEAR SKY, LLC

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 495839
PORT CHARLOTTE, FL 33949

New Principal Place of Business:

21350 HARBORSIDE BLVD
PORT CHARLOTTE, FL 33952

Current Mailing Address:

PO BOX 495839
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTESS, ROBIN
21350 HARBORSIDE BLVD
PORT CHARLOTTE, FL 33950 US

Name and Address of New Registered Agent:

ESTESS, ROBIN
21350 HARBORSIDE BLVD
PORT CHARLOTTE, FL 33952 US

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: ROBIN E ESTESS

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTESEN, STEVEN D
Address: PO BOX 495839
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: MGRM () Delete
Name: ESTESS, ROBIN
Address: PO BOX 495839
City-St-Zip: PORT CHARLOTTE, FL 33949

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 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: STEVEN D. CHRISTESEN

DR.

04/10/2007

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