


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90066 008 ****55.00

DOCUMENT # L05000039503

1. Entity Name
J D SKYWAY, LLC



Principal Place of Business
**535 KEY ROYALE DR.
 BRADENTON BEACH, FL 34217**

Mailing Address
**535 KEY ROYALE DR.
 BRADENTON BEACH, FL 34217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
535 Key Royale Dr

Suite, Apt. #, etc.
535 Key Royale Dr

City & State
Holmes Beach FL

City & State
Holmes Beach FL

Zip
34217

Country
USA

Zip
34217

Country
USA

03032006 Chg-LLC CR2E083 (11/05)

4. FEI Number
EIN# 20-2717596

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BANGMA, JAMES K
 535 KEY ROYALE DR.
 BRADENTON BEACH, FL 34217**

7. Name and Address of New Registered Agent

Name
~~Same~~

Street Address (P.O. Box Number is Not Acceptable)
535 Key Royale Dr.

City
Holmes Beach

State
FL

Zip Code
34217

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 Deborah L. Bangma Mgr. DATE 4/30/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 BANGMA, JAMES K 535 KEY ROYALE DR. BRADENTON BEACH, FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANGMA, DEBORAH L 535 KEY ROYALE DR. BRADENTON BEACH, FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	535 Key Royale Dr Holmes Beach FL 34217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	535 Key Royale Dr Holmes Beach, FL 34217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Deborah L. Bangma Mgr. DATE 4/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

941-545-3369 cell
 941-778-2434