

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L05000039503 1. Entity Name J D SKYWAY, LLC	
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Principal Place of Business 535 KEY ROYALE DR. HOLMES BCH, FL 34217	Mailing Address 535 KEY ROYALE DR. HOLMES BCH, FL 34217
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05032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 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. HOLMES BEACH, FL 34217	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BANGMA, JAMES K 535 KEY ROYALE DR. HOLMES BCH, FL 34217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BANGMA, DEBORAH L 535 KEY ROYALE DR. HOLMES BCH, FL 34217
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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 808, Florida Statutes.

SIGNATURE: Deborah L. Bangma Mgr. Deborah L. Bangma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5-1-07 941-776-2434
Date Daytime Phone #