


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

50

**DOCUMENT # L05000043484**

1. Entity Name  
**SKYPOINT SUB, LLC**



**FILED**  
**06 MAY 15 PM 2:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**100 EAST MADISON STREET, SUITE 100-A  
TAMPA, FL 33602**

Mailing Address  
**100 EAST MADISON STREET, SUITE 100-A  
TAMPA, FL 33602**



2. Principal Place of Business  
**601 N. ASHLEY**  
Suite, Apt. #, etc.  
**SUITE 600**  
City & State  
**TAMPA, FL**  
Zip  
**33602** Country  
**HILLSBOROUGH**

3. Mailing Address  
**601 N. ASHLEY**  
Suite, Apt. #, etc.  
**SUITE 600**  
City & State  
**TAMPA, FL**  
Zip  
**33602** Country  
**HILLSBOROUGH**

04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2791849**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**F & L CORP.**  
**ONE INDEPENDENT DRIVE, SUITE 1300**  
**JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_

**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	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

*BR 5/22*

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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
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

**MANAGER**  
**SKYPOINT PROPERTIES, LLC**  
**601 N. ASHLEY, SUITE 600**  
**TAMPA, FL 33602**

**000075546940**  
**05/31/06--01010--012 \*\*822.50**

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:** *[Signature]* **attorney** **4/26/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #