

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045926

FILED  
Aug 12, 2008  
Secretary of State

Entity Name: SKY PROPERTY VENTURE LLC

**Current Principal Place of Business:**

680 OSCEOLA AVENUE  
WINTER PARK, FL 32789 FL

**New Principal Place of Business:**

**Current Mailing Address:**

680 OSCEOLA AVENUE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 20-2825694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KROT, ALEXANDRA  
680 OSCEOLA AVENUE  
WINTER PARK, FL 32789 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALEXANDRA KROT TRUST,  
Address: 680 OSCEOLA AVENUE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM ( ) Delete  
Name: LEHIGH ASSET MANAGEM, ENT  
Address: 169 BASSETT PLACE  
City-St-Zip: BLOOMFIELD HILLS, MI 48301

**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 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: ALEXANDRA KROT

MGRM

08/12/2008

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