2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2006
Secretary of State

DOCUMENT# L05000070214

Entity Name: SKY GROUP VENTURES, LLC

Current Principal Place of Business:

10234 S.W. 26TH STREET
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

10234 S.W. 26TH STREET
DAVIE, FL 33324

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:

PATEL, SONA K
10234 S.W. 26TH STREET
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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: PATEL, SONA K
Address: 501 S.E. 2ND STREET, #1423
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete
Name: SHAUKAT, KASHIF
Address: 10234 S.W. 26TH STREET
City-St-Zip: DAVIE, FL 33324

Title: MGRM ( ) Delete
Name: MOHAMED, YUSSUF
Address: 3800 SANCTUARY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PATEL, SONA K
Address: 501 S.E. 2ND STREET, #624
City-St-Zip: FORT LAUDERDALE, FL 33301

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: SONA K. PATEL MGRM 01/07/2006

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