2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# L05000098735

Entity Name: CORAL SKY DEVELOPMENT, LLC

Current Principal Place of Business:

106 EAST COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

106 EAST COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301

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:

PETERSON, COREY A
106 EAST COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301 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: MGR ( ) Delete
Name: SHARKEY, JEFFREY B
Address: POST OFFICE BOX 10775
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: MGR (X) Delete
Name: FINNEGAN, TERRY
Address: 147 SW 51ST TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR (X) Delete
Name: MCFARLANE, CORY
Address: 400 CAPITAL CIRCLE SE, SUITE 18-174
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JEFFREY SHARKEY MGR 06/22/2009

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