

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117869

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: SKY ESTATES LLC

**Current Principal Place of Business:**

9283 PARMON RD  
JACKSONVILLE, FL 32222 US

**New Principal Place of Business:**

**Current Mailing Address:**

9283 PARMON RD  
JACKSONVILLE, FL 32222 US

**New Mailing Address:**

FEI Number: 20-3929807      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:**

GRAFE, JOACHIM  
9283 PARMON RD  
JACKSONVILLE, FL 32222 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: MGR ( ) Delete  
Name: GRAFE, JOACHIM  
Address: 5375 ORTEGA FARMS BLV #704  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR ( ) Delete  
Name: GRAFE, BIRGIT  
Address: 5375 ORTEGA FARMS BLV #704  
City-St-Zip: JACKSONVILLE, FL 32210 US

**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: JOACHIM GRAFE

CEO

07/09/2007

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