

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010022

FILED  
May 01, 2007  
Secretary of State

Entity Name: SKY FIRE LAB, LLC

**Current Principal Place of Business:**

3540 YOUNG STREET  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

3540 YOUNG STREET  
TITUSVILLE, FL 32780

**New Mailing Address:**

FEI Number: 20-4471958      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:**

BAILEY, TIMOTHY J  
3540 YOUNG STREET  
TITUSVILLE, FL 32780    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: BAILEY, TIMOTHY J  
Address: 3540 YOUNG STREET  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: MGRM      ( ) Delete  
Name: LAU, KAREN O  
Address: 1378 HILDA AVENUE  
City-St-Zip: GLENDALE, CA 91205

**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: TIMOTHY J BAILEY

COO

05/01/2007

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