

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90046 019 ****50.00

60054682



07092007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4326029** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L06000016373

1. Entity Name
SKYSHARE III, LLC



Principal Place of Business
**330 NORTH ANDREWS AVENUE
450
FORT LAUDERDALE, FL 33301**

Mailing Address
**330 NORTH ANDREWS AVENUE
450
FORT LAUDERDALE, FL 33301**

2. Principal Place of Business - No P.O. Box #
3345 Burns Road

Suite, Apt. #, etc.
Suite 206

City & State
Palm Beach Gardens, FL

Zip
33410

Country
USA

3. Mailing Address
3345 Burns Road

Suite, Apt. #, etc.
Suite 206

City & State
Palm Beach Gardens, FL

Zip
33410

Country
USA

6. Name and Address of Current Registered Agent
**GREEN, BRUCE D
1313 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name
Donald Montano

Street Address (P.O. Box Number is Not Acceptable)
5351 Center Street

City
Jupiter

State
FL

Zip Code
33458

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Donald Montano** DATE **8/4/07**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLAN, TOM 1313 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Donald Montano 5351 Center Street Jupiter FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Kevin Johnson 105 Rainbow Fish Circle Jupiter FL 33471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **Donald Montano** DATE: **8/4/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE