

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031615

Entity Name: SKY PINES MANAGER, LLC

FILED  
Apr 28, 2007  
Secretary of State

**Current Principal Place of Business:**

5393 SHORELINE CIRCLE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

5393 SHORELINE CIRCLE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 20-4719270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOIVU, MARK T  
5393 SHORELINE CIRCLE  
SANFORD, FL 32771 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KOIVU, MARK  
Address: 5393 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

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: MARK KOIVU

MGR

04/28/2007

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