2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L06000043679

Entity Name: SKYCRAFT PARTNERS, LLC

Current Principal Place of Business:

2245 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

2245 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 20-4767343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLICK, JAMES J
112 LAKE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

FLICK, JAMES J
3203 SOUTH CONWAY ROAD
ORLANDO, FL 32812 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: 01/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	JUETT, MICHAEL G	
Address:	2245 W. FAIRBANKS AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	MEMB	( ) Delete
Name:	FIEDLER, ROBERT A	
Address:	2245 W FAIRBANKS AVE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	MEMB	( ) Delete
Name:	WYNN, JANICE M	
Address:	2245 W FAIRBANKS AVE	
City-St-Zip:	WINTER PARK, FL 32789	

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: MICHAEL G JUETT MGR 01/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date