


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90029 028 ****50.00

DOCUMENT # L06000048893

1. Entity Name
SKY DREAMS COMMERCE CENTER, LLC



Principal Place of Business Mailing Address
31348 SPOONFLOWER WAY **31348 SPOONFLOWER WAY**
BROOKSVILLE FL 34602 **BROOKSVILLE FL 34602**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7276 Sherman Hills **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Brooksville, FL **Brooksville, FL**

Zip Country Zip Country
34602 **USA**

4. FEI Number Applied For
20-4862516 Not Applicable

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

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

BAKER, PETER
500 E. KENNEDY
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007


9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|-----------------------|----------------------|---------------------------------|
| MGR | PETERSON, DAVID | 31348 SPOONFLOWER WAY | BROOKSVILLE FL 34602 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|-------------------------|-----------------------|--|-----------------------------------|
| | | 7276 Sherman Hills Blvd | Brooksville, FL 34602 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **David Peterson (MGR)** Date: **2-21-07** Daytime Phone #: **532-227-8700**

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