

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/12/2007-90040-050-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L06000095313

1. Entity Name
SKYE ISLE, LLC



Principal Place of Business
110 OCEAN OAKS DR
INDIALANTIC, FL 32903

Mailing Address
110 OCEAN OAKS DR
INDIALANTIC, FL 32903

60055946



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

110 OCEAN OAKS DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252007 Chg-LLC CR2E083 (12/06)

City & State

INDIALANTIC FL

City & State

4. FEI Number

80-8741595

Applied For

Not Applicable

Zip

32903

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHOLTZ, MARION L
110 OCEAN OAKS DR
INDIALANTIC, FL 32903

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

9/01/07

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME BUCHOLTZ, MARION L
STREET ADDRESS 110 OCEAN OAKS DR
CITY-ST-ZIP INDIALANTIC, FL 32903

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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REINSTATEMENT

WOP 2007
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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:

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

9/01/07 321.727-9731

Date

Daytime Phone #