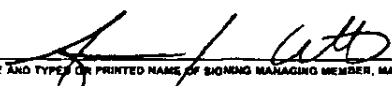


FILED
May 29, 2007 8:00 am
Secretary of State

05-02-2007 90350 016 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000114338					
1. Entity Name SKYLARK PLAZA OP, LLC					
Principal Place of Business 1801 S. KEENE ROAD CLEARWATER, FL 33756		Mailing Address 1801 S. KEENE ROAD CLEARWATER, FL 33756			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8025802	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LIGHTSEY, ALTON L 2105 PARK AVENUE NORTH WINTER PARK, FL 32789				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 _____ (NOTE: Registered Agent signature required when remailing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	1801 S. Keene Rd		STREET ADDRESS		
CITY- ST- ZIP	Clearwater, FL 33756		CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:  4/31/07					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					