

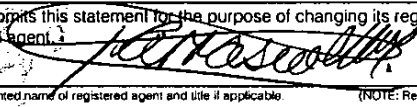
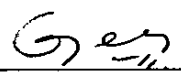


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90051 012 \*\*\*150.00

<b>DOCUMENT # L07000020628</b> 1. Entity Name <b>SKY ADVANCE, LLC</b>					
Principal Place of Business <b>4300 SHERIDAN STREET, #231 HOLLYWOOD, FL 33021</b>			Mailing Address <b>4300 SHERIDAN STREET, #231 HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business - No P.O. Box # <b>6121 SW 159 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>6121 SW 159 CT</b> Suite, Apt. #, etc.			
City & State <b>Miami Florida</b>		City & State <b>Miami Florida</b>		4. FEI Number <b>20-8518833</b>	
Zip <b>33193</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROQUE, ROBERTO 4300 SHERIDAN STREET, #231 HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name <b>CARRASCO, ROBERTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6121 SW 159 Ct</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33193</b>	
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 <b>1/26/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROQUE, MARIA C 4300 SHERIDAN STREET, #231 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRASCO, ROBERTO 6121 SW 159 CT Miami FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, RAFAEL 6121 SW 159 CT Miami, FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRASCO, MARIA G 6121 SW 159 CT Miami FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRASCO, MARIA G 6121 SW 159 CT Miami FL 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRASCO, MARIA G 6121 SW 159 CT Miami FL 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Maria G Carrasco MGRM		1/26/2008 ( 786)564-8440	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	