

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028563

Entity Name: SKY HOSPITALITY,LLC

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

36181 EAST LAKE RD  
#102  
PALM HARBOR, FL 34685 US

## New Principal Place of Business:

## Current Mailing Address:

36181 EAST LAKE RD  
#102  
PALM HARBOR, FL 34685 US

## New Mailing Address:

FEI Number: 83-0476810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEQUIGNOT, MARGOT  
164 8TH AVENUE S.W.  
LARGO, FL 33770 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HINELY, MARGENA L  
Address: 4901 QUILL COURT  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGR ( ) Delete  
Name: GOODMAN, MARIAN J  
Address: 4901 QUILL COURT  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGR (X) Delete  
Name: FOX, TERI H  
Address: 2100 HOSEA WILLIAMS ROAD  
City-St-Zip: ATLANTA, GA 30317 US

## 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: MARGENA L. HINELY

MGR

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date