2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# L07000058141

Entity Name: SKY AMERICA'S SYSTEMS LLC

Current Principal Place of Business:

209 RIDGECREST LOOP, APT. B
MINNEOLA, FL 34715

New Principal Place of Business:

103 E. OSCEOLA STREET
MINNEOLA, FL 34715

Current Mailing Address:

209 RIDGECREST LOOP, APT. B
MINNEOLA, FL 34715

New Mailing Address:

103 E. OSCEOLA STREET
MINNEOLA, FL 34715

FEI Number: 26-0274322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JIMENEZ, PRIMITIVO E
209 RIDGECREST LOOP, APT. B
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

JIMENEZ, PRIMITIVO E MGR
103 E. OSCEOLA STREET
MINNEOLA, FL 34715 US

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: PRIMITIVO E. JIMENEZ 05/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JIMENEZ, PRIMITIVO E
Address: 209 RIDGECREST LOOP, APT. B
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JIMENEZ, PRIMITIVO E MGR
Address: 103 E. OSCEOLA STREET
City-St-Zip: MINNEOLA, FL 34715

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: PRIMITIVO E. JIMENEZ MGR 05/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date