

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001259

FILED
Jan 16, 2009
Secretary of State

Entity Name: SKYVIEW SOFTWARE DEVELOPMENT, LLC

Current Principal Place of Business:

551 SOUTH APOLLO BLVD., STE. 102
MELBOURNE, FL 32901

New Principal Place of Business:

551 SOUTH APOLLO BLVD
STE. 102
MELBOURNE, FL 32901

Current Mailing Address:

551 SOUTH APOLLO BLVD., STE. 102
MELBOURNE, FL 32901

New Mailing Address:

551 SOUTH APOLLO BLVD
STE. 102
MELBOURNE, FL 32901

FEI Number: 26-1684744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEWARD, FRANCIS M
551 SOUTH APOLLO BLVD., STE. 102
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

SEWARD, FRANCIS M
551 SOUTH APOLLO BLVD
STE. 102
MELBOURNE, FL 32901 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: FRANCIS M. SEWARD

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SEWARD, FRANCIS M
Address: 551 S. APOLLO BLVD, SUITE 102
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Change (X) Addition
Name: ROBINSON, SCOTT A
Address: 551 S. APOLLO BLVD, SUITE 102
City-St-Zip: MELBOURNE, FL 32901

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: SCOTT A. ROBINSON

MGR

01/16/2009

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