
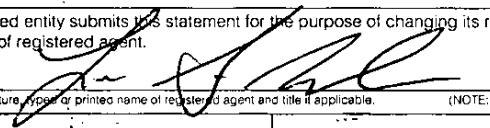
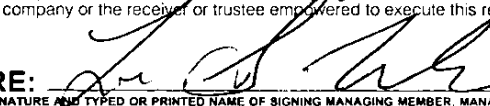


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90028 016 ****50.00

DOCUMENT # L94000000637					
1. Entity Name SKYTRUCK INTERNATIONAL, L.C.					
Principal Place of Business 801 ANCHOR RODE DRIVE #203 NAPLES, FL 34103			Mailing Address 801 ANCHOR RODE DRIVE #203 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 2706 HORSESHOE DR S		3. Mailing Address PO Box 1917			
Suite, Apt. #, etc. 107		Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES FL			
Zip 34104		Country USA		Zip 34106	
		Country USA		08132007 Chg-LLC CR2E083 (12/06) 4. FEI Number 65-0537431	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MACLEAN, LANCE 801 ANCHOR RODE DRIVE #203 NAPLES, FL 34103			Name MACLEAN, LANCE Street Address (P.O. Box Number is Not Acceptable) 2706 HORSESHOE DRIVE S #107 City NAPLES FL Zip Code 34104		
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 9/7/07		
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACLEAN, LANCE G 801 ANCHOR RODE DRIVE # 203 NAPLES, FL 34103	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 606, Florida Statutes.					
SIGNATURE: 			Date 9/7/07 Daytime Phone # 239 643 4565		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					