

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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00 JUN -7 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002341

1. Entity Name
GULF SKY, L.L.C.

Principal Place of Business
1116 EDINGTON PLACE
MARCO ISLAND FL 34145

Mailing Address
1116 EDINGTON PLACE
MARCO ISLAND FL 34145-2006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0927543 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, E. GLENN
950 NORTH COLLIER BLVD., SUITE 204
SUNTRUST CENTRE
MARCO ISLAND FL 34145

Name

John J Charde CPA

Street Address (P.O. Box Number is Not Acceptable)

601 E. Elklam Circle, Ste A-1-A

City

Marco Island

FL

Zip Code

34145

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. John J Charde CPA

(NOTE: Registered Agent signature required when reinstating)

4/27/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR PRANSKY, CAROLE G
STREET ADDRESS 1116 EDINGTON PLACE
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00

Date

Daytime Phone #