

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007127

Entity Name: SKY FALLS, LLC

FILED
Feb 17, 2005
Secretary of State

Current Principal Place of Business:

16150 SUNSET PINES CIRCLE
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 363
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 65-1103135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BATSEL, C. GUY
3317 GOLDFINCH LANE
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

BATSEL, C. GUY
9192 PINEHAVEN WAY
ENGLEWOOD, FL 34224 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:

02/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BATSEL, C. GUY
Address: P.O. BOX 363
City-St-Zip: PLACIDA, FL 33946

Title: MGR () Delete
Name: BATSEL, DEBORAH J
Address: P.O. BOX 1192
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES:

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 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 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: C. GUY BATSEL

MGRM

02/17/2005

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