

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90031 021 \*\*\*\*50.00

**20001056**



01042007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M05000007144</b> 1. Entity Name <b>BLUE SKY HOTELS, LLC</b>					
Principal Place of Business <b>P.O. BOX 1767 MOUNT JULIET, TN 37121 US</b>			Mailing Address <b>116 LINEBERRY BLVD., SUITE 301 MT. JULIET, TN 37122</b>		
2. Principal Place of Business - No P.O. Box # <b>116 Lineberry Blvd. #301</b>		3. Mailing Address <b>PO Box 1767</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Mt. Juliet, TN 37122</b>		City & State <b>Mt. Juliet, TN 37121</b>		4. FEI Number <b>20-3289038</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LINEBERRY, D. MARK 215 CELEBRATION PLACE, #190 CELEBRATION, FL 34747</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGR LINEBERRY, MARK P.O. BOX 1767 MT. JULIET, TN 37121</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 608, Florida Statutes.					
<b>SIGNATURE:</b>			1-3-07 615-758-5856		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		