

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006114

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: RED SKY, L.L.C.

**Current Principal Place of Business:**

415 HOMELAKE DR  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

415 HOMELAKE DR  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 65-1247530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANNE SCHULTZ, KERRY  
2721 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

BORDELON & SCHULTZ LAW FIRM, P.L.  
2721 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 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: KERRY ANNE SCHULTZ, ESQUIRE

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MUTH, LINDA  
Address: 415 HOMELAKE DR  
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM ( ) Delete  
Name: TAYLOR, MARGRET  
Address: 415 HOMELAKE DR  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR, MARGARET  
Address: 415 HOMELAKE DR  
City-St-Zip: PENSACOLA, FL 32507

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: LINDA MUTH

MGRM

04/30/2007

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