


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011464 1. Entity Name THE RESIDENCE @ SKYWAY PARK, LLC	
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Principal Place of Business 999 PONCE DE LEON BLVD. SUITE #950 CORAL GABLES, FL 33165	Mailing Address 999 PONCE DE LEON BLVD. SUITE #950 CORAL GABLES, FL 33165
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1127369	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENBERG, PATRICIA E 999 PONCE DE LEON BLVD. SUITE #950 CORAL GABLES, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2004**

000000042663
02/10/04-80033-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NHA@COLORADO SPRINGS OF FLORIDA 999 PONCE DE LEON BLVD CORAL GABLES, FL 33165
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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: 	2/5/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	