

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052090

**FILED**  
**Apr 04, 2009**  
**Secretary of State**

**Entity Name:** SKYLINE DEVELOPMENT OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

508 SOUTHWEST 11 AVENUE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

817 NW 1ST TER  
CAPE CORAL, FL 33993

**Current Mailing Address:**

508 SOUTHWEST 11 AVENUE  
CAPE CORAL, FL 33991

**New Mailing Address:**

817 NW 1ST TER  
CAPE CORAL, FL 33993

**FEI Number:** 16-1703860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHIKITUS, STEVEN F  
508 SW 11TH AVE.  
CAPE CORAL, FL 33991 US

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

CHIKITUS, STEVEN F  
817 NW 1ST TER  
CAPE CORAL, FL 33993 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: \_\_\_\_\_

04/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHIKITUS, STEVEN F  
Address: 508 SW 11TH AVE.  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHIKITUS, STEVEN F  
Address: 817 NW 1ST TER  
City-St-Zip: CAPE CORAL, FL 33993

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: STEVEN F CHIKITUS

MGR

04/04/2009

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