


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000111591</b> 1. Entity Name <b>SKYWAY INTERNATIONAL LLC</b>	
---	---

Principal Place of Business <b>1111 KANE CONCOURSE 518 BAY HARBOUR ISLAND FL 33154</b>	Mailing Address <b>1111 KANE CONCOURSE 518 BAY HARBOUR ISLAND FL 33154</b>
---	---



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number <b>20-3866265</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

6. Name and Address of Current Registered Agent  <b>TECHNOCON INTERNATIONAL, INC 231 - 174 STREET 2417 SUNNY ISLES FL 33160</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

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 reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>NAME</b> <b>GRYAZNOV, GENNADY</b> <b>STREET ADDRESS</b> <b>1111 KANE CONCOURSE #518</b> <b>CITY- ST- ZIP</b> <b>BAY HARBOUR ISLAND FL 33154</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>NAME</b> <b>GITMAN, JACOB</b> <b>STREET ADDRESS</b> <b>16400 COLLINS AVE #841</b> <b>CITY- ST- ZIP</b> <b>SUNNY ISLES FL 33160</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000000658458  
03/15/07 80038 023 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE: Jacob Gitman 03/02/2007 305 867 1228