

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Aug 15, 2007  
Secretary of State

DOCUMENT# M06000002287

Entity Name: SKYWAY TOWERS, LLC

**Current Principal Place of Business:**

3903 NORTHDAL BLVD., SUITE 111W  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

3903 NORTHDAL BLVD., SUITE 111W  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 20-3618358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

F&L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 US

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: BY PETER F SOUZA

08/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BEHUNIAK, DAN  
Address: 16213 TALAVERA DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: MGR ( ) Delete  
Name: LOOR, RICARDO  
Address: 7710 NOLAND WOODS DRIVE  
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR ( ) Delete  
Name: TINICUM CAPITAL PART, NERS II, LP  
Address: 800 THIRD AVENUE, 40TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete  
Name: TINICUM CAPITAL PART, NERS II PARALL E L, L.P.  
Address: 800 THIRD AVE, 40TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete  
Name: PERMIT CAPITAL PRIVA, TE EQUITY FUND , L.P.  
Address: 100 FRONT STREET, SUITE 900  
City-St-Zip: WEST CONSHOCKEN, PA 19428

**ADDITIONS/CHANGES:**

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

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

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

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

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

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: STUART HAMILTON

CFO

08/15/2007

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