

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127032

**FILED**  
**Jun 30, 2009**  
**Secretary of State**

**Entity Name:** SKYWARD INVESTMENTS LLC

**Current Principal Place of Business:**

801 BRICKELL BAY DRIVE  
SUITE NO. 1771  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

801 BRICKELL BAY DRIVE  
SUITE NO. 1771  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 26-1735188      **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:**

GONZALEZ, JIMMY  
801 BRICKELL BAY DRIVE  
SUITE NO. 1771  
MIAMI, FL 33131 US

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

GONZALEZ, JIMMY  
815 PONCE DE LEON BLVD.  
SUITE 306  
CORAL GABLES, FL 33134 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: \_\_\_\_\_

06/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GONZALEZ, JIMMY  
Address: 801 BRICKELL BAY DRIVE, SUITE NO. 1771  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

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: JIMMY GONZALEZ

MGR

06/30/2009

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