

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000002406

**Entity Name:** GB SKYVIEW KISSIMMEE PHASE I OWNER LLC

**Current Principal Place of Business:**

366 N. BEAUMONT AVE.  
KISSIMMEE, FL 34741

**Current Mailing Address:**

366 N. BEAUMONT AVE.  
KISSIMMEE, FL 34741 US

**FEI Number:** 92-2508449

**Certificate of Status Desired:** No

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

C T 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AP  
Name BRICKMAN, DAVID  
Address 366 N. BEAUMONT AVE.  
City-State-Zip: KISSIMMEE FL 34741

Title AP  
Name LIBERTY, STEPHEN  
Address 366 N. BEAUMONT AVE.  
City-State-Zip: KISSIMMEE FL 34741

Title AP  
Name DANA, MICHAEL  
Address 366 N. BEAUMONT AVE.  
City-State-Zip: KISSIMMEE FL 34741

Title AP  
Name WELSH, DAVID  
Address 53 MAPLE AVE.  
City-State-Zip: MORRISTOWN NJ 07960

Title AP  
Name SIBILIA, PETER  
Address 53 MAPLE AVE.  
City-State-Zip: MORRISTOWN NJ 07960

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN LIBERTY

**AUTHORIZED PERSON**

**04/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date