


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A02000001480</b><br>1. Entity Name<br>SKYLINE ON BRICKELL, LTD. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>800 BRICKELL AVENUE<br>SUITE 310<br>MIAMI, FL 33131 | Mailing Address<br>800 BRICKELL AVENUE<br>SUITE 310<br>MIAMI, FL 33131 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-LP

CR2E003 (12/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>35-2205762  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>TAGUE, BRIAN P ESQ<br>C/O TEW CARDENAS LLP<br>1441 BRICKELL AVENUE, 15TH FLOOR<br>MIAMI, FL 33131 |
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

U000000917767  
05/13/08-80056-014 500.00

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                  |
|---------------------------------|----------------------------------|
| DOCUMENT #                      | M02000002798                     |
| NAME                            | SKYLINE ON BRICKELL MANAGER, LLC |
| STREET ADDRESS                  | 800 BRICKELL AVENUE SUITE 310    |
| CITY-ST-ZIP                     | MIAMI, FL 33131                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |

**DO NOT WRITE IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/08  
Date

Daytime Phone #

STAPLE CHECK HERE