

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010175

Entity Name: SKYLANE PARTNERS, LLC

FILED  
Mar 13, 2007  
Secretary of State

## Current Principal Place of Business:

6018 LEMON TREE CT  
TAMPA, FL 33625

## New Principal Place of Business:

## Current Mailing Address:

6018 LEMON TREE CT  
TAMPA, FL 33625

## New Mailing Address:

FEI Number: 59-3651013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STORM, THEODORE W  
6018 LEMON TREE CT  
TAMPA, FL 33625 US

## Name and Address of New Registered Agent:

STORM, THEODORE W MGRM  
6018 LEMON TREE CT  
TAMPA, FL 33625 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: THEODORE W STORM

03/13/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: STORM, THEODORE W  
Address: 6018 LEMON TREE COURT  
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete  
Name: STORM, TERESA H  
Address: 6018 LEMON TREE COURT  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STORM, THEODORE W MGRM  
Address: 6018 LEMON TREE COURT  
City-St-Zip: TAMPA, FL 33624

Title: MGRM (X) Change ( ) Addition  
Name: STORM, TERESA H MGRM  
Address: 6018 LEMON TREE COURT  
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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: THEODORE W STORM

MGRM

03/13/2007

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