2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# L01000011464

Entity Name: THE RESIDENCE @ SKYWAY PARK, LLC

Current Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE #950
CORAL GABLES, FL 33165

New Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE #950
CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD.
SUITE #950
CORAL GABLES, FL 33165

New Mailing Address:

999 PONCE DE LEON BLVD.
SUITE #950
CORAL GABLES, FL 33134

FEI Number: 65-1127369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENBERG, PATRICIA E
999 PONCE DE LEON BLVD.
SUITE #950
CORAL GABLES, FL 33165 US

Name and Address of New Registered Agent:

GREENBERG, PATRICIA E
999 PONCE DE LEON BLVD.
SUITE #950
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: 02/15/2006

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NHA@COLORADO SPRINGS, OF FLORIDA
Address: 999 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33165

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NHA@COLORADO SPRINGS, OF FLORIDA
Address: 999 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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: PATRICIA E GREENBERG MGRM 02/15/2006

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