

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000017171

1. Entity Name
SKYLINE INVESTMENTS, LLC



Principal Place of Business

725 NORTH MAGNOLIA AVE.
ORLANDO, FL 32803

Mailing Address

790 SUMMA AVE
WESTBURY, NY 11590

DO NOT WRITE IN THIS SPACE



04272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
37-1417906

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, STEPHEN M
725 NORTH MAGNOLIA AVE.
ORLANDO, FL 32803

**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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JAFFER, SADIQUE
790 SUMMA AVE
WESTBURY, NY 115905039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOHAMEDTAKI, JAFFER
1738 BRIDGEWATER DRIVE
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/28/05-80056-007 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #