2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000017171

1. Entity Name
SKYLINE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
725 NORTH MAGNOLIA AVE. ORLANDO, FL 32803	790 SUMMA AVE WESTBURY, NY 11590

DO NOT WRITE IN THIS SPACE

04242007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
37-1417906	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

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JAFFER, SADIQUE
STREET ADDRESS	790 SUMMA AVE
CITY-ST-ZIP	WESTBURY, NY 115905039
TITLE	MGRM
NAME	MOHAMEDTAKI, JAFFER
STREET ADDRESS	1738 BRIDGEWATER DRIVE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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11. 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 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: _Sadique Jaffer — Managing Member_   4/24/07   516-997-7197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Sadique Jaffer