


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000022527</b> 1. Entity Name <b>DANIA SKYE REAL ESTATE INVESTMENTS, L.L.C.</b>	
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Principal Place of Business  
**2121 PONCE DE LEON BLVD  
SUITE 1100  
CORAL GABLES, FL 33134**

Mailing Address  
**2121 PONCE DE LEON BLVD  
SUITE 1100  
CORAL GABLES, FL 33134**



06292005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>69-0003965</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

**GOLDSTEIN, MICHAEL B  
2121 PONCE DE LEON BLVD  
#1100  
CORAL GARDENS, FL 33134**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

U00000372949  
07/15/05-80003-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>
NAME	<b>LEIBOWITZ, MARVIN</b>
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD SUITE 1100</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 #