

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012194

Entity Name: SKYLIFT HOLDING, LLC

FILED  
Mar 30, 2005  
Secretary of State

**Current Principal Place of Business:**

C/O STYLE VENTURES, INC.  
1109 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1109 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O STYLE VENTURES, INC.  
1109 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

1109 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

FEI Number: 43-1973231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FUNNEN, MARK  
1109 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FUNNEN, MARK A  
Address: 2021 S.W. 33 AVE.  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK A. FUNNEN

MRGM

03/30/2005

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