

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012194

Entity Name: SKYLIFT HOLDING, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

301 N. BISCAYNE BLVD.
MIAMI, FL 33132

New Principal Place of Business:

1109 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Current Mailing Address:

301 N. BISCAYNE BLVD.
MIAMI, FL 33132

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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FUNNEN, MARK
Address: 2021 S.W. 33 AVE.
City-St-Zip: MIAMI, FL 33145

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

MGRM

04/30/2009

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