## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000024069

Entity Name: SKYWAY ADVISORS, LLC

**FILED** Feb 23, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

100 N TAMPA STREET 100 S ASHLEY DRIVE

#2700 #1210

TAMPA, FL 33602 TAMPA, FL 33602

**Current Mailing Address: New Mailing Address:** 

100 S ASHLEY DRIVE 100 N TAMPA STREET #2700

#1210 TAMPA, FL 33602 US TAMPA, FL 33602 US

FEI Number: 59-3671412 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CRINO, BRYAN L CRINO, BRYAN L 720 S WILLOW AVE 100 S ASHLEY DRIVE TAMPA, FL 33606 SUITE 1210

TAMPA, FL 33606 US

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: BRYAN CRINO 02/23/2004

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS:**

ADDITIONS/CHANGES:

(X) Change ( ) Addition () Delete

CRINO, BRYAN L CRINO, BRYAN L Name: Name: Address: 720 S WILLOW AVE Address: 720 S WILLOW AVE City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33606

Title: CEO () Delete Title: MGR (X) Change ( ) Addition

FEUER, SCOTT N Name: Name: FEUER, SCOTT N Address: 717 DELAWARE STREET Address: 717 DELAWARE STREET City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33606

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: BRYAN CRINO 02/23/2004