2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# L03000042973

Entity Name: SKYLINE DEVELOPMENT LLC

Current Principal Place of Business:

11393 RABUN GAP DR.
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

11393 RABUN GAP DR.
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 45-0529242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KIBURZ, SAMUEL A
11393 RABUN GAP DR.
NORTH FORT MYERS, FL 33917 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: MGR ( ) Delete
Name: KIBURZ, SAMUEL A
Address: 11393 RABUN GAP DR.
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGR ( ) Delete
Name: RINGLAND, RUSSELL J
Address: 4637 VINCENNES BLVD
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

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: SAMUEL A KIBURZ MGR 01/20/2004

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