## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042973

Entity Name: SKYLINE DEVELOPMENT LLC

FILED Mar 24, 2005 Secretary of State

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

24408 TREASURE ISLAND BLVD PUNTA GORDA, FL 33955

Current Mailing Address: New Mailing Address:

24408 TREASURE ISLAND BLVD PUNTA GORDA, FL 33955

FEI Number: 45-0529242 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:

KIBURZ, SAMUEL A

11393 RABLIN GAP DR

KIBURZ, SAMUEL A

24408 TREASLIRE IS

11393 RABUN GAP DR. 24408 TREASURE ISLAND BLVD NORTH FORT MYERS, FL 33917 US PUNTA GORDA, FL 33955 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: SAMUEL A KIBURZ 03/24/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

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

Name: KIBURZ, SAMUEL A
Address: 11393 RABUN GAP DR.

Name: KIBURZ, SAMUEL A
Address: 24408 TREASURE ISLAND BLVD

City-St-Zip: NORTH FORT MYERS, FL 33917 US City-St-Zip: PUNTA GORDA, FL 33955 US

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

 Name:
 RINGLAND, RUSSELL J
 Name:

 Address:
 4637 VINCENNES BLVD
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 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 03/24/2005