

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042973

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: SKYLINE DEVELOPMENT LLC

## Current Principal Place of Business:

24408 TREASURE ISLAND BLVD  
PUNTA GORDA, FL 33955

## New Principal Place of Business:

4637 VINCENNES BLVD.  
SUITE 10  
CAPE CORAL, FL 33904

## Current Mailing Address:

24408 TREASURE ISLAND BLVD  
PUNTA GORDA, FL 33955

## New Mailing Address:

4637 VINCENNES BLVD.  
SUITE 10  
CAPE CORAL, FL 33904

FEI Number: 45-0529242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIBURZ, SAMUEL A  
24408 TREASURE ISLAND BLVD  
PUNTA GORDA, FL 33955 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: MGR ( ) Delete  
Name: KIBURZ, SAMUEL A  
Address: 24408 TREASURE ISLAND BLVD  
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: MGR ( ) Delete  
Name: RINGLAND, RUSSELL J  
Address: 4637 VINCENNES BLVD #10  
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 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: RUSSELL J. RINGLAND

MGR

01/29/2008

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