

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

01-24-2005 90106 031 ****50.00

DOCUMENT # L04000006995 1. Entity Name SKYQUIN HOLDINGS, LLC													
Principal Place of Business 1313 SYCAMORE TERRACE BOCA RATON, FL 33486 US		Mailing Address 1313 SYCAMORE TERRACE BOCA RATON, FL 33486 US											
2. Principal Place of Business 900 SCOTIA DR Suite, Apt. #, etc. 204		3. Mailing Address 900 SCOTIA DR Suite, Apt. #, etc. 204											
City & State LANTANA, FL		City & State LANTANA, FL											
Zip 33462 Country USA		Zip 33462 Country USA											
6. Name and Address of Current Registered Agent STEWART, ELLEN Y 1313 SYCAMORE TERRACE BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name STEWART, ELLEN Y Street Address (P.O. Box Number is Not Acceptable) 900 SCOTIA DR. # 204 City LANTANA FL 33462											
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Ellen Stewart</i></u> (NOTE: Registered Agent signature required when reappointing)													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> MGR STEWART, ELLEN Y 1313 SYCAMORE TERRACE BOCA RATON, FL 33486 </td> <td style="padding: 2px;"></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	MGR STEWART, ELLEN Y 1313 SYCAMORE TERRACE BOCA RATON, FL 33486		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> ☒ Change ☐ Addition </td> <td style="width: 50%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> 900 SCOTIA DR. # 204 LANTANA, FL 33462 </td> <td style="padding: 2px;"></td> </tr> </table>		☒ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	900 SCOTIA DR. # 204 LANTANA, FL 33462	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Ellen Stewart</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>3/30/05</u> (561) 629-4514 Date Daytime Phone											