2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

		ANNUAL	KEPUKI		(447.4	711				
DOCUMENT # L04000038362 1. Entity Name SKYLINE TRAFALGAR, LLC							05 JUN -	9 PN ? SSEE, FL	2: 25 LATE ORIDA		
Principal Plac	e of Business										
103 WEST M	IERIDIAN STR	PEFT	Mailing Address 103 WEST MERIDIAN STREET			11/	5/0590				
TALLAHASSEE, FL 32301			TALLAHASSEE, FL 32301			4/み	5/05 90	0103	ં છત્ર	4 50.02	
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2. Principal P	3. Mailing Address	ng Address						##			
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Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			04052005	Chg-LLC	CR2E08	33 (10/03)		
City & Stat	te		City & State			4. FEI Numl	3-042672	28	<u> </u>	oplied For ot Applicable	
Zip		Country	Zip Country			<u>B</u>	•		5.00 Add		
<u> </u>		-	·		—	-5Cermicat	e of Status Desired -		ee Required		
	6. Name	and Address of Current	Registered Agent	istered Agent			7. Name and Address of New Registered Agent				
Name											
	ECT AGEN MERIDIA			Street Address (P.O. Box Number is Not Acceptable)							
103 WEST MERIDIAN STREET TALLAHASSEE, FL 32301							· · · · · · · · · · · · · · · · · · ·	<u> </u>			
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					City			FL	Zip Code	è	
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											
Signature, typed or primed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE											
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9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGR		☐ Delete TITLE						☐ Change	Addition	
NAME	SIMON, R	ON	NAY STREET		E						
STREET ADDRESS	1612 EAS	T CAPE CORAL PARK			ET ADDRESS						
CITY - ST - ZIP	CAPE CO	RAL, FL 33904	CITY-		-ST-ZIP						
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	Lertify that the	information conniced with	this filing does not a call.			Pan + 10 07/2	Vi) Florido Servico	I france :	La share de la C	Jamaka	
11. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as I made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
Merch Milledge 1 War											
SIGNATURE: X 4/15/05 6/8/05											
SIGNATURE: SIGNATURE AND VIRED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #											