

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039886

FILED
Aug 18, 2006
Secretary of State

Entity Name: SKYLINE MANAGEMENT AND INVESTMENT LLC

Current Principal Place of Business:

1011 N STATE RD 7 SUITE E
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1011 N STATE RD 7 SUITE E
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 84-1654762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ST. JEAN, WISMICK
1011 N STATE RD 7, STE E
ROYAL PALM BEACH, FL 33411 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ST JEAN, WISMICK
Address: 1011 N STATE RD 7 STE E
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM () Delete
Name: ST JEAN, MARIE ARLETTE
Address: 1011 N STATE RD 7 STE E
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ST JEAN, WISMICK
Address: 1011 N STATE RD 7 STE E
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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: WISMICK ST JEAN

MGRM

08/18/2006

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