

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90183 030 ***138.75

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04082008 Chg-LLC CR2E083 (12/06)

DOCUMENT #L04000051036			
1. Entity Name SKYMARK DEVELOPERS, LLC			
Principal Place of Business 3696 N FEDERAL HWY, STE 203 FT LAUDERDALE, FL 33308		Mailing Address 3696 N FEDERAL HWY, STE 203 FT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # 1400 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite # 103 City & State Fort Lauderdale, FL Zip 33334 Country U.S.A.		3. Mailing Address 1400 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite # 103 City & State Fort Lauderdale, FL Zip 33334 Country U.S.A.	
4. FEI Number 30-0264296		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S ESQ 317 - 71ST ST MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFSKY, STANLEY 3696 N FEDERAL HWY, STE 203 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFSKY, STANLEY 1400 EAST OAKLAND PARK BLVD., # 103 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4/9/08 954-567-5161 <small>Date Daytime Phone #</small>	

Stanley Markofsky, managing member