


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90025 015 *****55.00

DOCUMENT # L04000052090			
1. Entity Name SKYLINE DEVELOPMENT OF SOUTHWEST FLORIDA, LLC			
Principal Place of Business 508 SW 11TH AVE. CAPE CORAL, FL 33991		Mailing Address 508 SW 11TH AVE. CAPE CORAL, FL 33991	
2. Principal Place of Business 508 SW 11 AVE Suite, Apt. #, etc.		3. Mailing Address 508 SW 11 AVE Suite, Apt. #, etc.	
City & State CAPE CORAL FL Zip 33991 Country US		City & State CAPE CORAL FL Zip 33991 Country US	
4. FEI Number 161703860		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CHIKITUS, STEVEN F 508 SW 11TH AVE. CAPE CORAL, FL 33991		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 <u>Steve Chikitus</u> <u>Steve Chikitus</u> <u>2-23-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIKITUS, STEVEN F 508 SW 11TH AVE. CAPE CORAL, FL 33991 <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 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 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>Steve Chikitus</u> <u>Steve Chikitus</u>		Date <u>2-23-05</u> Daytime Phone # <u>239-710-8785</u>	