


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90282 048 ****50.00

DOCUMENT # L04000064071		
1. Entity Name SKYLINE, LLC		

Principal Place of Business 18610 U.S. HIGHWAY 441 MOUNT DORA, FL 32757	Mailing Address 18610 U.S. HIGHWAY 441 MOUNT DORA, FL 32757
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2. Principal Place of Business 2295 Weathered Wood Suite, Apt. #, etc.	3. Mailing Address PO Box 297 Suite, Apt. #, etc.
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City & State Leesburg, FL	City & State Tavares, FL
Zip 34748	Zip 32778
Country	Country



01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1714494	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LOWRY, ARCHIE O JR. 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BHATTA, SANJEEV 18610 U.S. HIGHWAY 441 MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: <i>Bhatta</i>	Date: 4/5/05		SIGN HERE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			