## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNOAL REPORT						مساير يصلسر				
DOCUMENT # L04000079963  1. Entity Name										
ANM AT	SKYLINE 1107, LLC					07 SEP 14				
Principal Place of Business Mailing Address				_	1	SECRETARY TALLAMASSE	OF STATE			
3360 PADDO		C/O ATER REGISTERED AGENTS, LLC			1	TALLAMASSE	E FLORIDA			
WESTON, FL		2601 S. BAYSHORE DRIVE, STE. 700								
WESTON, TE	33331	COCONUT GROVE, FL 33133			) 		 			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address 3360 PADDOCK RY								
Suite, Apt.		Suite, Apt. #, etc.			09092007	Chg-LLC	CR2E083 (12	2/06)		
City & State	<del></del>	City & State WESTON FL			4. FEI Numbe	PLICABLE		Not A	pplicable	
Zip	Country	<sup>Zip</sup> 3333)	Counti	ry 	<u> </u>	of Status Desired	Fee R	O Addition of Addi	onal	
	6. Name and Address of Current				7. Name and Address of New Registered Agent					
ATER RECISTERED ACENTS III C						IBERTO MEILA				
2601 S. BA	GISTERED AGENTS, LLC AYSHORE DRIVE, STE. 700 I GROVE, FL 33133	<u> </u>			(P.O. Box Number is Not Acceptable)					
COCONO	1 GROVE, 1 C 33133			3360 PADDOCK PU						
						18170H FL Zip Code 333331				
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 printed name of fegistered agent and title if applicable. (NOTE: Registered Agent argnature required when reinstating)  DATE  On The Signature required when reinstating to the signature required when reinstating the signature required when respectively and the signature required when respectively and the signature required when respectively are required when representations are required when respectively are required when respectively are required w										
Fil Due t	ling Fee is \$50.00 by September 14, 2007	! 					e check payable a Department of		•	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	/CHANGES			
TITLE	MGR Delete II				☐ Change ☐ Addition					
NAME	MEJIA, ALBERTO			:	(					
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NAME	MEJIA, NELLY	NAME								
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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 the stee empowered to execute this report as required by Chapter 608, Florida Statutes.										
1	Jr.	V				9/9/03	ar. c	<b>.</b>		
SIGNATURE:  BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Details										
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Prome #										