

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90018 033 ****50.00

DOCUMENT # L04000089214					
1. Entity Name SKY GROUP DEVELOPMENT AT FREEDOM SQUARE, LLC.					
Principal Place of Business 18851 NE 29TH AVENUE, SUITE 700 AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVENUE, SUITE 700 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address P.O. Box 611510			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State North Miami, FLA.		4. FEI Number 20-2039196	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
33261-1510		U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROUSSO, MARK E 18851 NE 29TH AVENUE, SUITE 700 AVENTURA, FL 33180			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)					
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	MGRM GROSSKOPF, MANUEL 18851 NE 29TH AVENUE, SUITE 700 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					