

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094117

FILED
Aug 20, 2008
Secretary of State

Entity Name: SKYTOP DEVELOPERS, LLC

Current Principal Place of Business:

C/O KATHERINE BUSCH
22 LONG AVENUE
MAHWAH, NJ 07430

New Principal Place of Business:

Current Mailing Address:

C/O KATHERINE BUSCH
22 LONG AVENUE
MAHWAH, NJ 07430

New Mailing Address:

FEI Number: 20-2173618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NAJMY, JOSEPH J ESQ
6320 VENTURE DRIVE, SUITE 104
BRADENTON, FL 34202 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUSCH, KATHERINE E
Address: 22 LONG AVE
City-St-Zip: MAHWAH, NJ 07430

Title: MGRM () Delete
Name: KAYAL, GEORGE
Address: 599 WYCKOFF AVE
City-St-Zip: MAHWAH, NJ 07430

Title: MGRM () Delete
Name: KAYAL, KENNETH
Address: 22 STATE STREET
City-St-Zip: MAHWAH, NJ 07430

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHERINE BUSCH

MGRM

08/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date