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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Skyline Development Grou	up, LLC Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
Joel R Phinney				
(Name of Person)				
Skyline Development Group, LLC (Firm/Company)	PILED 2005 DEC -5 PM 4: 05 2005 DEC -5 PM 4: 05 2007 ALLAHASSEE, FLORIDA			
120 SW Smith Lane	S PH SSEE, F			
(Address) Lake City, FL 32024	FLORIDA			
(City/State and Zip Code)				
For further information concerning this mat	tter, please call:			
Joel R Phinney	at (386) 867-1499			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	ing amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the lim	ited liability compar	ny is: Skyline Deve	lopment Group, LLC		
2. The mailing address				ake City, FL 32024	
01/26/2005			L05000008296		
3. Date of filing/registr	ation in Florida		4. Document num	ber	
5. The name of the regi Florida Department		registered office	address as shown or	n the records of the	
•	Corporation Se	ervice Company	,		
		Name		·	
	1201 Hays Stree	et			
		Address		* · ·	
	Tailahassee, FL	. 32301			
		City, State and Zi	p	· Pin S	
6. The name and address	ss of the new registe	ered agent and/or o	office:	FILED W. 05 2005 DEC -5 PM 4: 05 DIVALLAHASSEE, FLORIDA	
	Joel R Phinney			SSS	
* Pritte * P. S.		Name		労事品の	
,	120 SW Smith L			四岁 云	
	Florida street ac	ddress (P.O. Box 1	NOT acceptable)	ATION ORIDI	
	Lake City	FL 3202	4	<i>F G</i>	
	C	City, State and Zip			
If the limited liability confirmed that after the and the business office liability company, it is of the members of the or the operating agreem usignature of a member or aut	change or changes of the registered age hereby confirmed the limited liability coment of the limited liability coment of the limited liability comen of the liability	are made, the Florent will be identicated the change(s) who as otherwability company.	rida street address o al. Or, in the case o vas/were authorized	of the registered office of a Florida limited by an affirmative vote	
Jøel R Phinney					
(Printed or typed name of sign	ce)				
I hereby accept the app comply with the provisi and I am familiar with Chapter 608, F.S. Or address, I hereby confi	pointment as registe ons of all statutes re and accept the oblig if this document is b rm that the limited li	rred agent and agrelative to the property of t	ree to act in this cap er and complete per tion as registered as ly reflect a change has been notified in	pacity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.	
(Signature of Registered Agen		ne DA Por 6225	7 Tallahassaa Ei	30314	
	sion of Corporation	us, r.v. dox 0327	, rananassee, FL	J4J14	

FILING FEE: \$25.00

INHS18 (8/05)