2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L05000013417

Entity Name: SKYVIEW OF FLORIDA, LLC

Current Principal Place of Business:

6597 NICHOLAS BLVD., UNIT 1005
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

6597 NICHOLAS BLVD., UNIT 1005
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-2325913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIESKY, JAMES H
1000 TAMIAMI TRAIL N., SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: GREENBERG, CAROLE
Address: 1500 PALISATE APT 23A
City-St-Zip: FORT LEE, NJ 07024

Title: MGRM ( ) Delete
Name: ESHKENAZI, JOAN
Address: 6597 NICHOLAS BLVD UNIT 1005
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

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: JOAN ESHKENAZI MGRM 01/30/2009

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