

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000062320

1. Entity Name  
LING 36 SKYLINE, LLC



Principal Place of Business

36 SKYLINE DR.  
LAKE MARY, FL 32746

Mailing Address

4000 KRUSE WAY PLACE, BLDG. 3 STE. 110  
LAKE OSWEGO, OR 97035

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**



04032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3043083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DANIELS, Alys N Esq  
701 U.S. HIGHWAY ONE, STE. 402  
NORTH PALM BEACH, FL 33408

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HAYDEN, RICHARD A
STREET ADDRESS	4000 KRUSE WAY PLACE, BLDG. 3 STE. 110
CITY-ST-ZIP	LAKE OSWEGO, OR 97035

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04/16/07-80032-023 50.00

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IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/3/07 (503) 697-3188