## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000062320

1. Entity Name LING 36 SKYLINE, LLC



Principal Place of Business

36 SKYLINE DR. LAKE MARY, FL 32746

STREET ADDRESS CITY+ST-ZIP Mailing Address

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

FILED Apr 14, 2008 08:00 A Secretary of State



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3043083

Applied For Not Applicat

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

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			6.
	e named entity submits this statement for the purpose of cha ations of registered agent.	anging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and acce
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 by 1, 2008 Fee will be \$538.75		· ·
9	MANAGING MEMBERS/MANAGERS		;

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

U00000897853 04/25/08-80065-006 138.79

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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. Medical H. Haylur