

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000076694

**FILED**  
**Jan 24, 2008**  
**Secretary of State**

**Entity Name:** SKYLINE DEVELOPMENT OF VERO BEACH, L.L.C.

**Current Principal Place of Business:**

P.O. BOX 6577  
VERO BEACH, FL 32960

**New Principal Place of Business:**

1165 22ND STREET  
VERO BEACH, FL 32960

**Current Mailing Address:**

P.O. BOX 6577  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 20-3259956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELLA PORTA, ANTHONY W  
664 WALL STREET  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

DELLA PORTA, ANTHONY W  
1165 22ND STREET  
VERO BEACH, FL 32960 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: ANTHONY DELLA PORTA

01/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DELLA PORTA, ANTHONY W MGR  
Address: 664 WALL STREET  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DELLA PORTA, ANTHONY W MGR  
Address: 1165 22ND STREET  
City-St-Zip: VERO BEACH, FL 32960

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: ANTHONY DELLA PORTA

MGR

01/24/2008

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