

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081446

Entity Name: SKYLINE VENTURES, L.L.C.

FILED  
Apr 19, 2006  
Secretary of State

## Current Principal Place of Business:

430 N MILLS AVE  
ORLANDO, FL 32803 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 533351  
ORLANDO, FL 328533351 US

## New Mailing Address:

FEI Number: 20-3333912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
ORLANDO, FL 32803 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: MGR ( ) Delete  
Name: LEFKOWITZ, IVAN M  
Address: 430 N MILLS AVE  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGR ( ) Delete  
Name: SAMBOL, STEPHEN B  
Address: 100 SOUTH ORANGE AVE, 2ND FLOOR  
City-St-Zip: ORLANDO, FL 32801 US

Title: MGR ( ) Delete  
Name: GREENE, RANDALL B  
Address: 201 TRISMEN TERRACE  
City-St-Zip: WINTER PARK, FL 32789 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: IVAN M LEFKOWITZ

MGR

04/19/2006

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