

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000082114

Entity Name: SKYLINE CAPITAL LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

6101 BLUE LAGOON DRIVE, SUITE 420
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6101 BLUE LAGOON DRIVE, SUITE 420
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-3338788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANCHEZ, ELA N
6101 BLUE LAGOON DRIVE, SUITE 400
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SANCHEZ, ELA
6101 BLUE LAGOON DRIVE, SUITE 400
MIAMI, FL 33126 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: ELA SANCHEZ

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANCHEZ, ELA
Address: 6101 BLUE LAGOON DRIVE, SUITE 420
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: BURGESS, PETER M
Address: 6101 BLUE LAGOON DRIVE, SUITE 420
City-St-Zip: MIAMI, FL 33126

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 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: ELA SANCHEZ

MGRM

04/18/2007

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