

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086852

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** SKYLINE HOTEL INVESTORS, LLC

**Current Principal Place of Business:**

751 OAK STREET STE 600  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

4196 HERSCHEL STREET SUITE 2  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

751 OAK STREET STE 600  
JACKSONVILLE, FL 32204

**New Mailing Address:**

4196 HERSCHEL STREET  
JACKSONVILLE, FL 32210

**FEI Number:** 20-3403530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAW, R. LAMAR JR  
751 OAK STREET STE 600  
JACKSONVILLE, FL 32204 US

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

THORNTON, JOHN T 0  
4196 HERSCHEL STREET SUITE 2  
JACKSONVILLE, FL 32210 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: JOHN T. THORNTON

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SKYLINE REALTY SERVICES, INC.  
Address: 751 OAK STREET STE 600  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES:**

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

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: JOHN T. THORNTON

MGR

04/21/2009

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