

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103651

FILED  
May 01, 2009  
Secretary of State

Entity Name: SKYLINE 20, LLC

**Current Principal Place of Business:**

3021 SOUTHEAST 22ND PLACE  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

4712 SE 15TH AVENUE  
SUITE A 2ND FLOOR  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 03-0572819      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:**

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

STEINBERG, MARK M  
3021 SOUTHEAST 22ND PLACE  
CAPE CORAL, FL 33904 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEINBERG, MARK M  
Address: 3021 SOUTHEAST 22ND PLACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM ( ) Delete  
Name: MCGLOIN, THOMAS  
Address: 147 HOOPER AVENUE  
City-St-Zip: STATEN ISLAND, NY 103063752

**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 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: MARK M STEINBERG

MGRM

05/01/2009

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