

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90193 022 \*\*\*\*50.00

<b>DOCUMENT # L05000106284</b> 1. Entity Name <b>SKYLINE MARKETPLACE GULF BREEZE, LLC</b>			
Principal Place of Business <b>3525 PIEDMONT ROAD, BLDG. 6, SUITE 21 ATLANTA GA 30305</b>		Mailing Address <b>3525 PIEDMONT ROAD, BLDG. 6, SUITE 21 ATLANTA GA 30305</b>	
2. Principal Place of Business <b>3525 Piedmont Rd., Bldg. 6, Ste. 210</b> Suite, Apt. #, etc. <b>Atlanta, GA</b> City & State <b>30305</b> Zip		3. Mailing Address Suite, Apt. #, etc. <b>SAME</b> City & State Zip	
Country <b>USA</b>		Country	
4. FEI Number <b>74-3153917</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RINKA, PATRICK K 215 NORTH EOLA DRIVE ORLANDO FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not in person)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE <b>Manager</b> <input type="checkbox"/> Delete NAME <b>Kenneth Hodre</b> STREET ADDRESS <b>3525 Piedmont Rd., Bldg. 6, Ste. 210</b> CITY - ST - ZIP <b>Atlanta, GA 30309</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>Manager</b> <input type="checkbox"/> Delete NAME <b>Jeff Israel</b> STREET ADDRESS <b>3525 Piedmont Rd., Bldg. 6, Ste. 210</b> CITY - ST - ZIP <b>Atlanta, GA 30309</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>Manager</b> <input type="checkbox"/> Delete NAME <b>Steve LaMasha</b> STREET ADDRESS <b>3525 Piedmont Rd., Bldg. 6, Ste. 210</b> CITY - ST - ZIP <b>Atlanta, GA 30309</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:		2/1/06 (44) 812-8912	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	



ATTACHMENT

3000 1425

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

SKYLINE MARKETPLACE GULF BREEZE, LLC  
3525 PIEDMONT ROAD  
BUILDING 6 SUITE 210  
ATLANTA, GA 30305 US

Subject: SKYLINE MARKETPLACE GULF BREEZE, LLC

Reference Number:

L05000106284

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION