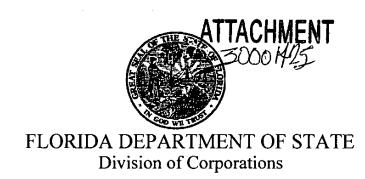
2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # L05000106284 02-13-2006 90193 022 ****50.00 1. Entity Name SKYLINE MARKETPLACE GULF BREEZE, LLC Principal Place of Business Mailing Address 3525 PIEDMONT ROAD, BLDG. 6, SUITE 21 3525 PIEDMONT ROAD, BLDG. 6, SUITE 21 ATLANTA GA 30305 ATLANTA GA 30305 2. Principal Place of Busin 3. Mailing Address 3525 fiedmant Pd. Flda C Stc. 20 uite, Apt. #. etc. 1st MOORE CR2E083 (10/05) atlanta. SAME Miv & State FEI Number Applied For 30305 <u>74-3153917</u> Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired NSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RINKA-PATRICK K Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 City Zip Code 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 tamiliar with, and accept (NOTE Required Agent separate sensions when constitues FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE Manager TITO F Change ■ Addition Kennoth Holzer 3525 fiedmans & 18dg 6, 5k. 210 attenta, CA 20219 MALE NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP TITLE Delete Maineger TITLE □ Change Addition NAME Israel Reducant Rd., Bldg. 6, Ste. 210 STREET ADDRESS STREET ADDRESS CITY - 21-21P CITY-ST-71P TITLE ☐ Defete Manager Change Addition NAME NA,ME STREET ADDRESS STREET ADDRESS 3525 Richwart fd. Blog-le, St. 40 CITY-ST-ZIP CHY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORS SS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-74P Delete mis Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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. Ullow

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED



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 <u>has not been filed</u> 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