# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**May 11, 2006 8:00 am**
**Secretary of State**

03-01-2006 90228 004 ****50.00

DOCUMENT # L05000111591

1.- Entity Name

SKYWAY INTERNATIONAL LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1111 KANE CONCOURSE<br>518<br>BAY HARBOUR ISLAND 33154 | 1111 KANE CONCOURSE<br>518<br>BAY HARBOUR ISLAND 33154 |

1st MOORE CR2E083 (10/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 20-3866265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TECHNOCON INTERNATIONAL, INC<br>231 - 174 STREET<br>2417<br>SUNNY ISLES FL 33160 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2006**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GRYAZNOV, GENNADY<br>1111 KANE CONCOURSE #518<br>BAY HARBOUR ISLAND FL 33154 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GITMAN, JACOB<br>16400 COLLINS AVE #841<br>SUNNY ISLES FL 33160 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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.

305-863-1098

**SIGNATURE:** G. GITMAN 02.10.2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #