

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114140

Entity Name: SKY TOWERS, LLC

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

19495 BISCAYNE BLVD., STE. 501
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19495 BISCAYNE BLVD., STE. 501
AVENTURA, FL 33180

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD M. MOGERMAN, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 130
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: HOURI, DAVID
Address: 19495 BISCAYNE BOULEVARD, SUITE 501
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: SKY RISE DEVELOPMENT, GROUP, INC.
Address: 19495 BISCAYNE BOULEVARD, SUITE 501
City-St-Zip: AVENTURA, FL 33180

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 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: HOURI DAVID

MGR

03/02/2006

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