


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90029 041 \*\*\*138.75

**DOCUMENT # L06000084882**

1. Entity Name  
**MIAMI SKYLINE GROUP, LLC**



Principal Place of Business <b>1110 BRICKELL AVENUE STE 200 MIAMI, FL 33131</b>	Mailing Address <b>1110 BRICKELL AVENUE STE 200 MIAMI, FL 33131</b>
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**30008131**

2. Principal Place of Business - No P.O. Box # <b>1450 BRICKELL BAY DR.</b>	3. Mailing Address <b>1450 BRICKELL BAY DR.</b>
Suite, Apt. #, etc. <b>APT 311</b>	Suite, Apt. #, etc. <b>APT. 311</b>

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33131</b>	Country <b>MIAMI, DADE</b>
Zip <b>33131</b>	Country <b>MIAMI, DADE</b>

05232008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**DE CESPEDES, CARLOS**  
**1200 BRICKELL AVENUE, STE 1440**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

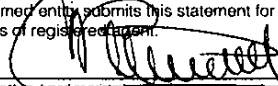
Name **JUAN CARLOS LORA**

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

**1450 BRICKELL BAY DR. # 311**

City **MIAMI** FL Zip Code **33131**

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  **CARLOS A. BERNAL** **4.28.08**

Signature typed or printed name of registered agent not applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUS BERNAL, CARLOS A 1110 BRICKELL BAY DR #311 MIAMI, FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #