2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L06000087289

Entity Name: SKYLINE CC VENTURE, L.L.C.

Current Principal Place of Business:

12800 UNIVERSITY DRIVE
SUITE 275
FT. MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DRIVE
SUITE 275
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 20-5511101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PREISS, MICHELLE A
12800 UNIVERSITY DRIVE
SUITE 275
FT. MYERS, FL 33907 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 (X) Delete
Name: BUIGAS, OJ
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907

Title: P ( ) Delete
Name: BAUM, HOWARD P
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

Title: EVP (X) Delete
Name: MORRIS, GREGORY M EVP
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

Title: CFO ( ) Delete
Name: DOUGLAS, CAROL A CFO
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP ( ) Delete
Name: PREISS, MICHELLE A VP
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: BAUM, HOWARD
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change ( ) Addition
Name: DOUGLAS, CAROL A
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP/S (X) Change ( ) Addition
Name: PREISS, MICHELLE A
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE A PREISS VP 03/24/2009

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