

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90129 004 \*\*\*138.75

|   |   |                           |   |   |  |
|---|---|---------------------------|---|---|--|
| <b>DOCUMENT # L07000008971</b>  |   |                           |   |   |  |
| <b>1. Entity Name</b><br>SKYLINE REALTY AT MARY BRICKELL VILLAGE, LLC   |   |                           |   |   |  |
| <b>Principal Place of Business</b><br>800 BRICKELL AVENUE<br>SUITE 310<br>MIAMI, FL 33131   |   |                           | <b>Mailing Address</b><br>800 BRICKELL AVENUE<br>SUITE 310<br>MIAMI, FL 33131 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.       |   |   |  |
| City & State  |   | City & State              |   |   |  |
| Zip   | Country   | Zip                       | Country   |   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |                           | <b>7. Name and Address of New Registered Agent</b>                            |   |  |
| CARTER, EVANGELINE S<br>800 BRICKELL AVENUE<br>SUITE 310<br>MIAMI, FL 33129   |   |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City            |   |  |
|   |   |                           | FL Zip Code   |   |  |
| <b>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.</b>  |   |                           |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |   |                           |   |   |  |
| DATE _____  |   |                           |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   |                           | <b>Make check payable to</b><br><b>Florida Department of State</b>            |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |                           | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | MGRM<br>CARTER, EVANGELINE S<br>130 SW 24TH ROAD<br>MIAMI, FL 33129 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                              | <input type="checkbox"/> Delete                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |   |                           |   |   |  |
| <b>SIGNATURE:</b>   |   |                           | 4/21/08   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                           | Date Daytime Phone #  |   |  |