

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000050465

Entity Name: UNIT 1801 SKYLINE, LLC

FILED  
Mar 15, 2012  
Secretary of State

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALBORNOZ, WILLIAM H  
901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134 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  
Name: PONS, MARIASOL  
Address: 901 PONCE DE LEON BLVD., SUITE 603  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: MARIASOL PONS

MGR

03/15/2012

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