

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

M02000002797

001213

DOCUMENT # M02000002797

1. Entity Name

SKYLINE ON BRICKELL, LLC



FILED

03 OCT 22 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

55056893



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

1548 BRICKELL AVENUE  
MIAMI FL 33129

1548 BRICKELL AVENUE  
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2185016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

SIGNATURE:

(NOTE: Registered Agent signature required when necessary.)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE *mgr*  
NAME *Evangelina Gouletas*  
STREET ADDRESS *1548 Brickell Ave., 1st Fl*  
CITY-ST-ZIP *Miami, FL 33129-1210*

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300014071933  
03/14/03--01011--006 \*\*\$3.90

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/12/03 (308) 825-7272

Date Daytime Phone #

CR2E083 (4/03)