

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002798

FILED
May 01, 2009
Secretary of State

Entity Name: SKYLINE ON BRICKELL MANAGER, LLC

Current Principal Place of Business:

800 BRICKELL AVE.
SUITE 310
MIAMI, FL 33131

New Principal Place of Business:

800 BRICKELL AVE.
SUITE 201
MIAMI, FL 33131

Current Mailing Address:

800 BRICKELL AVE.
SUITE 310
MIAMI, FL 33131

New Mailing Address:

800 BRICKELL AVE.
SUITE 201
MIAMI, FL 33131

FEI Number: 30-0127448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INTL. PLAZA
4221 W. BOY SCOUT BLVD., 10TH FLOOR
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

GOULETAS, EVANGELINE
800 BRICKELL AVE
SUITE 201
MIAMI, FL 33131 US

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: EVANGELINE GOULETAS

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOULETAS, EVANGELINE
Address: 2127 BRICKELL AVENUE UNIT 1603
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOULETAS, EVANGELINE
Address: 800 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

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: EVANGELINE GOULETAS

MGRM

05/01/2009

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