

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002934

Entity Name: SKYLINE INNOVATIONS, LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1752 COLUMBIA ROAD N.W., SUITE 2  
WASHINGTON, DC 20009

## **New Principal Place of Business:**

1785 MASSACHUSETTS AVENUE NW  
5TH FLOOR, SUITE 507  
WASHINGTON, DC 20036

## **Current Mailing Address:**

1752 COLUMBIA ROAD N.W., SUITE 2  
WASHINGTON, DC 20009

## **New Mailing Address:**

1785 MASSACHUSETTS AVENUE NW  
5TH FLOOR, SUITE 507  
WASHINGTON, DC 20036

FEI Number: 27-1050392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: AXELROD, ZACHARY  
Address: 1785 MASSACHUSETTS AVENUE NW, 5TH FLOOR  
City-St-Zip: WASHINGTON, DC 20036

Title: MR.  
Name: JONAS, DAVID  
Address: 1785 MASSACHUSETTS AVENUE NW, 5TH FLOOR  
City-St-Zip: WASHINGTON, DC 20036

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: DAVID STEFAN JONAS

LCO

01/05/2012

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