

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015694

FILED
Apr 28, 2007
Secretary of State

Entity Name: SKF PROPERTY HOLDINGS, LLC

Current Principal Place of Business:

3030 TURTLE BROOKE
CLEARWATER, FL 337612018

New Principal Place of Business:

210 SIGNATURE COURT
SAFETY HARBOR, FL 34695

Current Mailing Address:

3030 TURTLE BROOKE
CLEARWATER, FL 337612018

New Mailing Address:

210 SIGNATURE COURT
SAFETY HARBOR, FL 34695

FEI Number: 13-4221139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINK, SCOTT
3030 TURTLE BROOKE
CLEARWATER, FL 337612018 US

Name and Address of New Registered Agent:

FINK, SCOTT
201 SIGNATURE COURT
SAFETY HARBOR, FL 34695 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: _____

04/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FINK, SCOTT MR.
Address: 3030 TURTLE BROOKE
City-St-Zip: CLEARWATER, FL 33761

Title: MGR (X) Delete
Name: MACARTHUR, MICHAEL R MR
Address: 8833 BEL MEADOW WAY
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FINK, SCOTT MR.
Address: 210 SIGNATURE COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT FINK

MGRM

04/28/2007

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