

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 29 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L02000034950
1. Entity Name
SK CONSTRUCTION SERVICES, LLC

Principal Place of Business 155 S. MIAMI AVENUE, PH-2A MIAMI, FL 33130	Mailing Address 155 S. MIAMI AVENUE, PH-2A MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0549458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~REGISTERED AGENTS OF FLORIDA, LLC~~ **Parther Realty Advisors Inc.**
~~100 SOUTHEAST 2ND STREET, SUITE 2000~~ **155 South Miami Ave**
~~MIAMI, FL 33130~~ **PH2A**

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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 registered agent.

SIGNATURE: *Jeff Krinsky* Jeff Krinsky VP 4-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

400035846674
05/11/04--01009--014 **726.25

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIRLIN, DOMINIQUE
STREET ADDRESS	155 S. MIAMI AVENUE PH-2A
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	MGRM
NAME	KRINSKY, LINDA
STREET ADDRESS	155 S. MIAMI AVENUE PH-2A
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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50.00
265.00

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: *Jeff Krinsky* Jeff Krinsky 4-26-04 305-374-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #