


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90062 003 \*\*\*\*50.00

**DOCUMENT # L02000034985**

1. Entity Name  
**SK KENDALL, LLC**



Principal Place of Business  
**155 S MIAMI AVENUE PH-2**  
**MIAMI, FL 33130**

Mailing Address  
**155 S MIAMI AVENUE PH-2**  
**MIAMI, FL 33130**

2. Principal Place of Business - No P.O. Box #  
**333 S. MIAMI Avenue**  
 Suite, Apt. #, etc.  
**Suite 150**  
 City & State  
**Miami, FL**

3. Mailing Address  
**333 S. Miami Avenue**  
 Suite, Apt. #, etc.  
**Suite 150**  
 City & State  
**Miami, FL**

Zip  
**33130** Country  
**USA**

Zip  
**33130** Country  
**USA**

**60044274**



04192007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
**SIRLIN, DANIEL**  
**155 SOUTH MIAMI AVENUE**  
**PENTHOUSE 2A**  
**MIAMI, FL 33130**

4. FEI Number  
**05-0549465**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
**Sirlin, Daniel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**333 S. Miami Avenue, Ste. 150**  
 City  
**Miami** FL Zip Code  
**33130**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIRLIN, DANIEL 155 S. MIAMI AV., PH-2A MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sirlin, Daniel 333 S. Miami Ave., Ste. 150 Miami, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRINSKY, JEFF 155 S. MIAMI AV., PH-2A MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Krinsky, Jeff 333 S. Miami Ave., Ste. 150 Miami, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_