LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034985

1. Entity Name

SK KENDALL, LLC



FILED Mar 14, 2003 8:00 am Secretary of State

03-14-2003 90006 015 ****50.00

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		. IIV 11110	FAUL							
	Place of Business . Miami Avenue	3. Mailing Address	iami Avenue							
Suite, Apt		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
PH-2/		PH-2A								
City & Sta Miami	, FL	City & State Miami, Fl		4. FEI Numbe	549465		Applied For Not Applicable			
Zip 33130	Country Miami-Dade	Zip 33130	Country Miami-Dade		5. Certificate of Status Desired \$5.00 Addition Fee Required					
	and the second of the second of the second of the second			7. Name and A	ddress of Current Regi	stered Ager	nt			
	DO NOT W IN THIS SP	Country of August San Country of the	1	egistered Agents and diress (R.O. Box Number 100 S.E. 2nd Street	of Florida, LLC cis.Not Acceptable)					
			City	uite 2900		— • 1 7:	in Code			
			□ □ V	iami		FL zi	ip Code 33131			
SIGNATURE	Signature, typed or printed name of registered agent a	- * * * * * * * * * * * * * * * * * * *	FEE IS \$50.00 ble to Florida De DUE BY MAY 1	partment of State	AORGEN, M COSECK NO 11 (S)	DATE 9,4	1 % 24 %			
9.	MANAGING MEMBEI	RS/MANAGERS				nganang ang alam ang ang ang				
TITLE	Managing Member	107 MIN WATGE 10	TITLE				4.			
NAME	Daniel Sirlin		NAME	*						
STREET ADDRESS	155 S. Miami Avenue, PH-2A	١	STREET ADDRESS							
CITY-ST-ZIP	'Miami, FL 33130		CITY+ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jeff Krinsky 155 S. Miami Avenue, PH-2A	\	TITLE NAME STREET ADDRESS CITY: ST-ZIP							
TITLE	Miami, FL 33130		TITLE							
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CITY OF TIP				40.00						

11. 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:

RE: 1 LET VICE (NESTO DEST JEH KYMSK)
SHATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

<u>3.12.03</u>

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