


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90045 005 \*\*\*\*50.00

**DOCUMENT # L05000120931**


1. Entity Name  
**SKISATURN LLC**



Principal Place of Business  
**18586 LAKESIDE GARDENS DRIVE  
 JUPITER, FL 33458**

Mailing Address  
**18586 LAKESIDE GARDENS DRIVE  
 JUPITER, FL 33458**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**54-2189596**  Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WISNESKI, JONICA L  
 18586 LAKESIDE GARDENS DRIVE  
 JUPITER, FL 33458**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

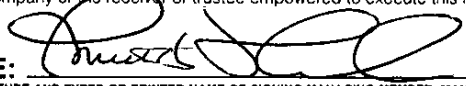
**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WISNESKI, JONICA L 18586 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WISNESKI, RONALD H 18586 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WISNESKI, RYAN H 18586 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WISNESKI, DANE P 18586 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WISNESKI, LEAH N 18586 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WISNESKI, TROY A 18586 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b> <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 608, Florida Statutes.

**SIGNATURE:**  *Managing member* **4/21/06** **581 744 5915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #