


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000120931 1. Entity Name SKISATURN LLC	
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Principal Place of Business 18586 LAKESIDE GARDENS DRIVE JUPITER, FL 33458	Mailing Address 18586 LAKESIDE GARDENS DRIVE JUPITER, FL 33458
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DO NOT WRITE IN THIS SPACE



01252008No Chg-LLC CR2E083 (12/07)

4. FEI Number 54-2189596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____

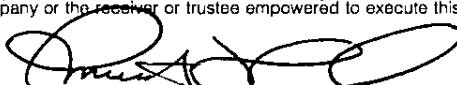
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

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02/19/08-80020-015,138.75

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:  **1/25/09** **561 7445915**

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