


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004972 <small>1. Entity Name</small> SKREDE, LLC	
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<small>Principal Place of Business</small> 562 PINE GROVE LN NAPLES FL 34103	<small>Mailing Address</small> 562 PINE GROVE LN NAPLES FL 34103
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<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>

1st MOORE CR2E063 (10/05)

<small>4. FEI Number</small> 59-3608140	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARSON, KIMBERLY A 562 PINE GROVE LN NAPLES FL 34103	<small>Name</small>
	<small>Street Address (P.O. Box Number is Not Acceptable)</small>
	<small>City</small> FL <small>Zip Code</small>

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: *Alfon W. Larson* *3-16-06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<small>TITLE</small>	MGR	<small>TITLE</small>	
<small>NAME</small>	LARSON, ALFON W JR	<small>NAME</small>	
<small>STREET ADDRESS</small>	562 PINE GROVE LN	<small>STREET ADDRESS</small>	U00000475094
<small>CITY-ST-ZIP</small>	NAPLES FL 34103	<small>CITY-ST-ZIP</small>	04/05/06-80001-024 50.00
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addit.

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alfon W. Larson* *3-16-06* *239-263-4918*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE DATE PHONE NUMBER