


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2005 8:00 am
Secretary of State

05-04-2005 90038 048 ****50.00

DOCUMENT # L04000036849 1. Entity Name SKR HOLDINGS, LLC																																																																						
Principal Place of Business 180 CRANDON BLVD, STE 114 KEY BISCAINE FL 33149			Mailing Address 180 CRANDON BLVD, STE 114 KEY BISCAINE FL 33149																																																																			
2. Principal Place of Business		3. Mailing Address																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																				
City & State		City & State																																																																				
Zip	Country	Zip	Country	4. FEI Number 20-0434500																																																																		
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																		
6. Name and Address of Current Registered Agent RAZOOK, RICHARD J 1111 BRICKELL AVE, STE 2500 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																		
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 re-registering) DATE _____																																																																						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																																																						
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>President</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Roger K. Khouri</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>180 Crandon Blvd Suite 114</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Key Biscayne, FL 33149</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		President					Roger K. Khouri					180 Crandon Blvd Suite 114					Key Biscayne, FL 33149				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																						

President