

2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006****FILED****Apr 17, 2006 08:00-AM**
Secretary of State**DOCUMENT #A24216**1. Entity Name
S. K. PARTNERS I, LIMITED

Principal Place of Business

900 S. FEDERAL HIGHWAY
SUITE 321
STUART, FL 34994

Mailing Address

900 S. FEDERAL HIGHWAY
SUITE 321
STUART, FL 34994

02282006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2850111

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STETSON, J. MICHAEL
900 S. FEDERAL HIGHWAY
SUITE 321
STUART, FL 34994**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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS ~~\$500.00~~
After May 1, 2006, Fee will be \$900.00**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P99000079011
NAME SKI GP, INC.
STREET ADDRESS 4400 PGA BLVD, STE 900 ADMIRALTY CENTER
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPU00000515391
04/29/06-80208-011 500.00**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: J. Michael Stetson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-13-06 772-2862440

STAPLE CHECK HERE