## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000001473

Entity Name
 SKW II GEN-PAR, INC.



Principal Place of Business

% INV TAX GROUP 10 Hanover Sq, 22FL New York, NY 10005 Mailing Address

% INV TAX GROUP 10 HANOVER SQ, 22FL NEW YORK, NY 10005

## FILED

06 MAY -1 PH 2: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA



4252006

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-2529255

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

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8. The above named entity submits this statement for the the obligations of registered agent.  CONATION  CONATION	purpose of changing its registere	ed office or	registered a	gent, or bo	th, in the State	of Florida. Ta	ım familiar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.		ncing \$5.00 May Be						
10. OFFICERS AND DIRE	CTORS			.:		4	-	
TITLE VDP NAME ROTHENBERG, STUART M			,			P	#	
STREET ADDRESS 85 BROAD STREET								
CITY-ST-ZIP NEW YORK, NY 10004				05 733	JUU7	5037	786 8 **169	-0 00
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NAME WEISS, MITCHELL S STREET ADDRESS 10 HANOVER SQ. 22FL								
CITY-ST-ZIP NEW YORK, NY 10005				ű.				
TITLE V			<i>2</i> *				7	. !
MAME WILLIAMS, TODD STREET ADDRESS 85 BROAD STREET		į						. :
CITY-SI-ZIP NEW YORK, NY 10005		ŀ	1	DO	NOT	WRIT	<b>[</b>	i de la la companya de la companya d
TITLE V		1: -	·	IN .	THIS	SPAC	· F	
NAME NAUGHTON, KEVIN D STREET ADDRESS 85 BROAD STREET						OI ĀO		
GITY-ST-ZIP NEW YORK, NY 10004		. :		•	117			
TITLE								
NAME Street address		-			, ;			
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NAME			1	14.		[		roff a
STREET ADDRESS CITY-ST-ZIP			i i i i i i i i i i i i i i i i i i i		1.55		,	
I hereby certify that the information supplied with this indicated on this report or supplemental report is true	filing does not qualify for the exe	mptions co ure shall ha	ntained in C	Chapter 119	, Florida Stat	utes. I further o	ertify that the i	information

12. Indeby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MITCHE S. U

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212,902,3867

Daytme Phone #