
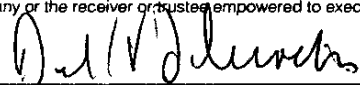


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90038 034 ****50.00

DOCUMENT # L01000006722 1. Entity Name LSKS, LLC					
Principal Place of Business 623 MAITLAND AVENUE SUITE 201 ALTAMONTE SPRINGS, FL 32701			Mailing Address 623 MAITLAND AVENUE SUITE 201 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 59-3717111				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MGRMLEBIODA, DAVID H M.D. 623 MAITLAND AVENUE SUITE 201 ALTAMONTE SPRINGS, FL 32701			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEBIODA, DAVID H M.D. 623 MAITLAND AVENUE SUITE 201 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Date: 1/3/06		Daytime Phone #: 407-830-8661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					