2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L01000006722

Entity Name: LSKS, LLC

Current Principal Place of Business:

623 MAITLAND AVENUE
SUITE 201
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

623 MAITLAND AVENUE
SUITE 2200
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

623 MAITLAND AVENUE
SUITE 201
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

623 MAITLAND AVENUE
SUITE 2200
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3717111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MGRMLEBIODA, DAVID H M.D.
623 MAITLAND AVENUE
SUITE 2200
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEBIODA, DAVID H M.D.
Address: 623 MAITLAND AVE STE 2200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID H. LEBIODA MGRM 01/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date