

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90255 036 ****50.00

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04302007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000000654 1. Entity Name SKILL DEVELOPMENT SYSTEMS, LLC			
Principal Place of Business 1515 SOUTH ORLANDO AVE. MAITLAND, FL 32751		Mailing Address 1515 SOUTH ORLANDO AVE. MAITLAND, FL 32751	
2. Principal Place of Business - No P.O. Box # 1950 LEE ROAD		3. Mailing Address Box 947852	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. 	
City & State WINTER PARK, FL		City & State MAITLAND FL	
Zip 32789		Zip 32794-7852	
Country ORANGE		Country ORANGE	
4. FEI Number 01-6181692		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 ORNSTEIN, MARK L 2 SOUTH ORANGE AVE. 5TH FLOOR ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, TOM MGR 50 OAKLEIGH DRIVE MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:		TOM WATSON	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 04/27/07 Daytime Phone # 40740 8225	