

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

01-27-2003 90082 033 ****50.00

1/27

DOCUMENT # L02000006043

1. Entity Name
SKD ENTERPRISES, LLC

Principal Place of Business
**3160 MASTERS DRIVE
CLEARWATER FL 33761**

Mailing Address
**3160 MASTERS DRIVE
CLEARWATER FL 33761**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



55006364



CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Applied For Not Applicable

6. Name and Address of Current Registered Agent
**DONOVAN, BRUCE A
3160 MASTERS DRIVE
CLEARWATER FL 33761**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MANAGING Member</i> <i>BRUCE A. DONOVAN</i> <i>3160 MASTERS DR</i> <i>CLEARWATER, FL 33761</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** *1/27/03* *727-648-5582*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

Attachment
55006364

SKD Enterprises, L.L.C.

3160 Masters Drive
Clearwater, FL 33761-1816

February 10, 2003

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Ref Number: LO2000006043

Dear Sir or Madam:

I am in receipt of your letter dated January 30, 2003 concerning the FEI number requested in Block 4 of the Uniform Business Report.

Please be advised that SKD Enterprises, LLC is recognized by the Internal Revenue Service as a single member disregarded entity. Under Internal Revenue Service code guidelines, a single member disregarded entity does not have a separate Federal Employer Identification (FEI). Therefore I have marked Block 4 "Not Applicable".

I have filled in the rest of the form as requested in your letter.

I trust this explanation will meet with your approval.

Sincerely,



Bruce A. Donovan

Managing Member