




**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000013259</b> 1. Entity Name SKIES INTERNATIONAL, L.L.C.			
Principal Place of Business 2875 NE 191 STREET SUITE 800 MIAMI, FL 33180		Mailing Address 2875 NE 191 STREET SUITE 800 MIAMI, FL 33180	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04292006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 68-0508581	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 MIAMI, FL 33146		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		U00000561437 05/19/06-80012-014 50.00	
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	MGRM		
NAME	GILINSKI, ABRAHAM		
STREET ADDRESS	228 PARK DRIVE		
CITY- ST- ZIP	BAL HARBOUR, FL 33154		
TITLE	MGRM		
NAME	GILINSKI, MOISES		
STREET ADDRESS	287 BAL CROSS DRIVE		
CITY- ST- ZIP	BAL HAROUR, FL 33154		
TITLE	MGRM		
NAME	IASLOVITS, MICHAEL		
STREET ADDRESS	168 CAMDEN DR		
CITY- ST- ZIP	BAL HARBOUR, FL 33154		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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 <u>5/1/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	