
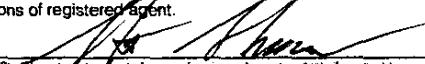
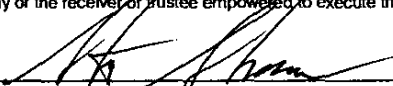


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90030 007 \*\*\*\*50.00

<b>DOCUMENT # L02000013353</b> 1. Entity Name <b>SLK, L.L.C.</b>					
Principal Place of Business <b>29156 ONO BLVD. ORANGE BEACH, AL 36561</b>			Mailing Address <b>29156 ONO BLVD. ORANGE BEACH, AL 36561</b>		
2. Principal Place of Business <b>216 East 20th Ave.</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Gulf Shores, AL</b>		City & State 			
Zip <b>36542</b>	Country <b>USA</b>	Zip 	Country 		
4. FEI Number <b>04-3689096</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SAUER, JEFFREY T ESQ. 510 EAST ZARAGOZA STREET PENSACOLA, FL 32501</b>			7. Name and Address of New Registered Agent Name <b>Shannon, Steve</b> Street Address (P.O. Box Number is Not Acceptable) <b>14180 Perdido Key Drive</b> City <b>Pensacola, FL</b> Zip Code <b>32507</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)</small>				DATE <b>03/11/04</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHANNON SYSTEMS, INC. 29156 ONO BLVD. ORANGE BEACH, AL 36561</b>	<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 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.					
<b>SIGNATURE:</b> 				<b>Steve Shannon</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>03/11/04</b> Daytime Phone # <b>(251) 967-1222</b>	