

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027325

Entity Name: SKS ACQUISITIONS, L.L.C.

FILED  
May 04, 2006  
Secretary of State

**Current Principal Place of Business:**

4282 AVALON BLVD  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

4282 AVALON BLVD  
MILTON, FL 32583

**New Mailing Address:**

FEI Number: 45-0489517      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SISK, STEVE K  
4282 AVALON BLVD.  
MILTON, FL 32583      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: SISK, STEVE K  
Address: 6960 PINE BLOSSOM ROAD  
City-St-Zip: MILTON, FL 325707838

Title: MGRM      ( ) Delete  
Name: SISK, SANDRA K  
Address: 6960 PINE BLOSSOM ROAD  
City-St-Zip: MILTON, FL 325707838

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN K SISK

PRES

05/04/2006

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