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

DOCUMENT # L02000032982

1. Entity Name



FILED Mar 18, 2003 8:00 am Secretary of State 03-18-2003 90156 008 ****50.00

SK VERO), L.L.C.		V	No.		
	DO NOT WRITE	IN THIS SI	PAC	E		
2. Principal Place of Business 9990 SW 77 AVE		3. Mailing Address 9990 SW 77 Ave		10		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 54-2084924	Applied For
Mian	Country	Miame,	Coun	try	¢5	.00 Additional
^{Zip} 3313	56. Grandradt sattende natural valetina kantina kantina militari kantina satura satura satura satura satura sa	~~33 <i>15</i> 6	Brokers with mind and more in		Fee Fee	Required
7. Name and Address of Current Registered Agent Name						
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE						
				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						
	Signature, typed or printed name of registered agent an		EE IC	\$50.00	DATE	
		Make Check Payabi	le to Fi		nt of State	
9.	MANAGING MEMBER	S/MANAGERS		The state of the s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER James W. KERN 1990 SW 77 AVR, SV Mjami, FL 33156	ite 302	SEAMORAL PROPERTY.	- I		
TITLE	11/14/100 /1 6 30/30		IIILE	ena anesa agentera a lega menagentera. Pero desa wine osasen literatura titoria digit		
NAME STREET ADDRESS CITY-ST-ZIP			A STATE OF THE PARTY OF THE PAR	ET ADORESS ST-ZIP		
TITLE			TITLE		and the state of t	
NAME STREET ADDRESS			NAMI	ET ADDRESS		
CITY-ST-ZIP			Contract of the second	ST-ZIP# ==	DO_NOT_WRITE	
TITLE			HILE	ALCOHOLOGIC E BACCORI	IN THIS SPACE	
NAME STREET ADDRESS			NAMI STRE	T Et address		
CITY-ST-ZIP			© CITY	ST-ZIP	and the following our properties the entire to execute the following	
TITLE NAME			TITLE			
STREET ADDRESS CITY-ST-ZIP	• .		STRE	ET ADORESS ST-ZIP		
TITLE		· •	TITLE			
NAME STREET ADDRESS		•	NAMI STRE	ET ADDRESS		
CITY-ST-ZIP			спу-	ST-ZIP		

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 eath; 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 AND TYPES OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE