2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000034950

1. Entity Name
SK CONSTRUCTION SERVICES, LLC

Principal Place of Business	Mailing Address
155 S. MIAMI AVENUE, PH-2A MIAMI, FL 33130	155 S. MIAMI AVENUE, PH-2A MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
05-0549458	Not Applicable

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

6. Name and Address of Current Registered Agent

PANTHER REALTY ADVISORS INC.
155 SOUTH MIAMI AVE
PH#2A
MIAMI, FL 33130

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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 and title if applicable.   [NOTE: Registered Agent signature required when reinstating]   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIRLIN, DOMINIQUE
STREET ADDRESS	155 S. MIAMI AVENUE PH-2A
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	MGRM
NAME	KRINSKY, LINDA
STREET ADDRESS	155 S. MIAMI AVENUE PH-2A
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80123-018 50.00

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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: _____ Jeff Krinsky   4-26-05   305-374-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #