

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90029 022 \*\*\*\*50.00

**DOCUMENT # L02000034956**

1. Entity Name  
SK HEADWAY, LLC



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

Mailing Address  
155 S. MIAMI AVENUE  
PH 2-A  
MIAMI, FL 33130

**24065279**



**DO NOT WRITE IN THIS SPACE**

01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
05-0549463

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

Panther Realty Advisors Inc.  
REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST 2ND STREET, SUITE 2000  
MIAMI, FL 33130  
155 S. Miami Ave  
PH2A

**DO NOT WRITE  
IN THIS SPACE**

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

*Jeff Krinsky*  
Jeff Krinsky  
4-26-04

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SIRLIN, DAN  
155 MIAMI AVE., PH2A  
MIAMI, FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KRINSKY, JEFF  
155 MIAMI AVE., PH2A  
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

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Jeff Krinsky*  
Jeff Krinsky  
4-26-04  
305-374-5455