


**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
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24065279

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01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0549463	Applied For Not Applicable
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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 2900 PH2A  
 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: *Jeff Krinsky* Jeff Krinsky 4-26-04  
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, 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
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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 608, Florida Statutes.

SIGNATURE: *Jeff Krinsky* Jeff Krinsky 4-26-04 305-374-5455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #