


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000873 1. Entity Name S.K. & T. ENTERPRISES, LLC	
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Principal Place of Business 301 S. MILWEE STREET LONGWOOD, FL 32750 US	Mailing Address 8713 KNOTTY PINE LANE ORLANDO, FL 32825 US
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02212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0833172	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERT C. COHEN, P.A. 301 S. MILWEE STREET LONGWOOD, FL 32750
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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 <u>Robert C. Cohen P.A.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>2-28-2005</u> <small>DATE</small>

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLENN, JULIE 8713 KNOTTY PINE LANE ORLANDO, FL 32825
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<p>U00000253673 03/07/05-80044-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Julie Glenn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>2-28-2005</u> <small>Date</small>