


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90027 013 ****50.00

DOCUMENT # L03000014040

1. Entity Name
SK & DV, LLC



Principal Place of Business
**124 BEAR'S CLUB DRIVE
 JUPITER, FL 33477**

Mailing Address
**124 BEAR'S CLUB DRIVE
 JUPITER, FL 33477**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0687150

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMBY, LOUIS L III ESQ
 % ALLEY, MAAS, ROGERS & LINDSAY
 321 ROYAL POINCIANA PLAZA SOUTH
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Member/President <input type="checkbox"/> Delete NAME Krista Nicklaus STREET ADDRESS 11780 U.S. Hwy One., Suite 500 CITY-ST-ZIP North Palm Beach, FL 33408		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE Member/VP <input type="checkbox"/> Delete NAME Steve Nicklaus STREET ADDRESS 11780 U.S. Hwy One., Suite 500 CITY-ST-ZIP North Palm Beach, FL 33408		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE Member/Treasurer <input type="checkbox"/> Delete NAME Dev Bala Lefferdink STREET ADDRESS 124 Bears Club Dr CITY-ST-ZIP Jupiter, Fl. 33477		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE Member/Secretary <input type="checkbox"/> Delete NAME Morgan Van Lefferdink STREET ADDRESS 124 Bears Club Dr CITY-ST-ZIP Jupiter, Fl 33477		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-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 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: Dev Bala Lefferdink 4-15-04 Treasurer

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