


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000014040 1. Entity Name SK & DV, LLC	
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Principal Place of Business 124 BEAR'S CLUB DRIVE JUPITER, FL 33477	Mailing Address 124 BEAR'S CLUB DRIVE JUPITER, FL 33477
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**DO NOT WRITE IN THIS SPACE**



08202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0687150	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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICKLAUS, KRISTA 11780 U.S. HWY ONE., SUITE 500 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICKLAUS, STEVE 11780 U.S. HWY ONE., SUITE 500 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEFFERDINK, DEV BALA 124 BEARS CLUB DR JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN LEFFERDINK, MORGAN 124 BEARS CLUB DR JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000575199  
 08/24/06-80006-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #