2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018125

Entity Name: S.K.I.P., L.L.C.

Address:

City-St-Zip:

P.O. BOX 25243

SARASOTA, FL 34277

FILED Apr 16, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
P.O. BOX SARASOTA	25243 A, FL 34277	US		
Current Mailing Address:			New Mailing Address:	
P.O. BOX 2 SARASOT	25243 A, FL 34277	US		
FEI Number:	32-0076089	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
SARASOT	OW LARK DR A, FL 34236	US	ournose of changing its registers	ed office or registered agent, or both
in the State		submits this statement for the p	dipose of changing its registers	ed office of registered agent, or both
SIGNATUR	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () KAMM, KELLI P.O. BOX 2524 SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () PERSSON, JAN P.O. BOX 2524 SARASOTA, FL	3	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () KAMM, STEVEN P.O. BOX 2524 SARASOTA, FL	3	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR () PERSSON, ING	Delete EMAR A	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: KELLI KAMM MGR 04/16/2005