2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030013

1. Entity Name

SKO REAL ESTATE I, LLC



Principal Place of Business

Mailing Address

1110 NORTH 9TH AVENUE PENSACOLA, FL 32501 1110 NORTH 9TH AVENUE PENSACOLA, FL 32501

FILED Mar 14, 2006 8:00 am Secretary of State

03-14-2006 90200 031 ****50.00



DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

O'CONNOR, SUSAN 1110 NORTH 9TH AVENUE PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both, i	in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
['] 9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	O'CONNOR, JOHN L		
STREET ADORESS	1110 NORTH 9TH AVENUE	•	
CITY-ST-ZIP	PENSACOLA, FL 32501		
TITLE	MGRM		
NAME	O'CONNOR, SUSAN		
STREET ADDRESS	1110 NORTH 9TH AVENUE		
CITY-ST-ZIP	PENSACOLA, FL 32501		
TITLE			
NAME			
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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

11. I hereby certify that the information supplied with finis filling does not quality for the exemptions contained in Chapter 119, Florida Statules. 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.

GNATURE: SIGNATURE SIGNAME STORES SON SON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DOING Daysing Phone #