

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030017

1. Entity Name
SKO REAL ESTATE II, LLC



Principal Place of Business
1110 NORTH 9TH AVENUE
PENSACOLA, FL 32501

Mailing Address
1110 NORTH 9TH AVENUE
PENSACOLA, FL 32501



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	O'CONNOR, JOHN L
STREET ADDRESS	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	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000238944
02/22/05-80020-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Susan L O'Connor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-7-05 8504709555