2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L03000042309 03-30-2005 90161 018 ****50.00 S K PROPERTIES, LLC Principal Place of Business Mailing Address 15221 LAGUNA DR. AMBROSE-HAMBURG REALTY GROUP CO FORT MYERS, FL 33908. 15221 LAGUNA DR FORT MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address 2090 Matecumbe Key Rd P.O. Box 1480 Suite, Apt. #, etc. Suite, Apt. #, etc. 03252005 Chg-LLC CR2E083 (10/03) # 1101 City & State City & State 4. FEI Number Applied For Punta Gorda, FL FoRT Myers, FL 32-7465151 Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 33955 LEE 33902 Fee Required LEE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONSTANTINE KONSTANS KONSTANS, CONSTANTINE Street Address (P.O. Box Number is Not Acceptable) C/O AMBROSE-HAMBURG REALTY GROUP CO 2090 Matecumbe Key Rd # 1101 15221 LAGUNA DR. FORT MYERS, FL 33908 Zip Code 33955 City Punta Gorda 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. REGISTERED CONSTANTINE KONSTANS on and little # applicable. (NOTE: Registered Agent signature re SIGNATURE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE Change Delete Addition NAME SORRENTINO, MARK E NAME 14220 Royal Harbour Ct. Fort Myers, FL 33908 STREET ADDRESS 15221 LAGUNA DR STREET ADDRESS Fort Myers, CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition KONSTANS, CONSTANTINE NAME NAME 2090 Matecumbe Key Rd # 1101 Punta Gorda, FL 33955 15221 LAGUNA DR STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠTLE ☐ Delete TITLE ☐ Chapne Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Mar 30, 2005 8:00 am

^{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.