## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

| DOCUMENT # L03000043996  1. Entity Name SKJ PROPERTIES, LLC   |   |                                  |                      | Secretary of State 04-29-2004 90068 046 ****50.00 |  |
|---|---|----------------------------------|----------------------|---|--|
| Principal Place of Business Mailing Address   |   |                                  | 1                    |   | <del> </del>   |
| 4009 CARLYLE LAKES BLVD.  |   | 4009 CARLYLE LAKES BLVD.         |                      |   |  |
| PALM HARBOR, FL 34685   |   | PALM HARBOR, FL 34685            |                      |   | ) ingriði: bly meige (ill) seili úmrif árlil blorð ítjá lenin leife glieði (ti þrí |
| 2. Principal Place of Business  |   | 3. Mailing Address               |                      |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.              |                      |   | 04222004 Chg-LLC CR2E083 (10/03)   |
| City & State  |   | City & State                     |                      |   | 4. FEI Number Applied For Not Applied For Not Applicable                           |
| Zip   | Country   | Zip                              | Count                | try   | 5. Certificate of Status Desired S5.00 Additional Fee Required                     |
| 6. Name and Address of Current R  |   |                                  |                      |   | 7. Name and Address of New Registered Agent  |
| RODRIGUEZ, MICHAEL E ESQ.   |   |                                  |                      | Name  |  |
| 29 NORTH PINELLAS AVENUE<br>TARPON SPRINGS, FL 34689  |   |                                  | Street Address (P.O. |   | rss (P.O. Box Number is Not Acceptable)  |
|   |   | <u> </u>                         |                      |   |  |
|   |   |                                  |                      | City  | FL Zip Code  |
| B. 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 primed 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, 2004  |   |                                  |                      |   | Make check payable to<br>Florida Department of State                               |
| 9.  | MANAGING MEMBE                                    | RS/MANAGERS                      | 10.                  |   | ADDITIONS/CHANGES  |
| TITLE :   | MGR   | Delete                           | TITLE                |   | ∴ Change Addition  |
| NAME -  | DEMETRIADIS, JOHN                                 |                                  | NAM                  |   |  |
| STREET ADDRESS CITY-ST-ZIP  | 4009 CARLYLE LAKES BLVD.<br>PALM HARBOR, FL 34685 |                                  |                      | ET ADDRESS<br>- ST-ZIP                            |  |
| TITLE   | MGR   | ☐ Detels                         | TITLE                |   | ☐ Change ☐ Addition  |
| NAME  | DEMITRIADIS, STEVE                                | L Decio                          | NAM                  |   | · · · · · · · · · · · · · · · · · · ·  |
| STREET ADDRESS  | 4009 CARLYLE LAKES BLVD.                          |                                  | STRE                 | ET ADDRESS  |  |
| CITY-ST-ZIP   | PALM HARBOR, FL 34685                             |                                  | CITY                 | -ST-ZIP   |  |
| TITLE   | MGR   | ☐ Delete                         | TITLE                |   | ☐ Change ☐ Addition  |
| NAME<br>STREET ADDRESS  | DEMITRIADIS, STEVE<br>4009 CARLYLE LAKES BLVD.    |                                  | NAM                  | E<br>Et address                                   |  |
| CITY-ST-ZIP   | PALM HARBOR, FL 34685                             |                                  |                      | -ST-ZIP   |  |
| TITLE   |   | Delete                           | - mu                 |   | ☐ Change ☐ Addition  |
| NAME  |   |                                  | NAM                  | E   |  |
| STREET ADDRESS  |   |                                  |                      | ET ADDRESS  |  |
| CITY-ST-ZIP   | -   | F7                               | _                    | -ST-ZIP   | Colores Colores  |
| TITLE<br>NAME   |   | ☐ Detele                         | TITLE                |   | ☐ Change ☐ Addition  |
| STREET ADDRESS  | _   |                                  | STRE                 | ET ADDRESS  |  |
| CITY-ST-ZIP   |   |                                  | CITY                 | -ST-ZIP   |  |
| TITLE   |   | ☐ Delete                         | TITLE                |   | ☐ Change ☐ Addition  |
| NAME<br>STREET ADODESS  |   |                                  | NAM                  |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                                  |                      | ET ADDRESS<br>- ST-ZIP                            |  |
|   | certify that the information supplied with        | this filing does not qualify for |                      |   | n Section 119.07(3)(i), Florida Statutes. I further certify that the information   |
| 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |                                  |                      |   |  |

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, WANAGER, OR AUTHORIZED F

4-27-04

Date

Daytime Phone #