


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

04-29-2004 90081 010 ****50.00

34006043

DOCUMENT # L03000044069 1. Entity Name SK BELVEDERE ASSOCIATES, LLC																							
Principal Place of Business 155 S. MIAMI AVE., PH-2-A MIAMI, FL 33130			Mailing Address 155 S. MIAMI AVE., PH-2-A MIAMI, FL 33130																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																				
City & State			City & State																				
Zip		Country		Zip																			
4. FEI Number <div style="display: flex; justify-content: space-between;"> 20-0387331 Applied For <input type="checkbox"/> Not Applicable </div>																							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																							
6. Name and Address of Current Registered Agent PANTHER BELVEDERE, LLC 155 S. MIAMI AVE., PH-2-A MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																							
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES																			
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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.																							
SIGNATURE: <u><i>Jeff Krinsky</i></u> Jeff Krinsky <u>4/26/04</u> <u>305-374-5455</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																							