## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # L03000044069** 1. Entity Name SK BELVEDERE ASSOCIATES, LLC Mailing Address Principal Place of Business 155 S. MIAMI AVE., PH-2-A 155 S. MIAMI AVE., PH-2-A MIAMI, FL 33130 MIAMI, FL 33130 04192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0387331 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PANTHER BELVEDERE, LLC 155 S. MIAMI AVE., PH-2-A MIAMI, FL 33130 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PANTHER BELVEDERE LLC NAME 155 S MIAMI AVE PH 2A STREET ADDRESS U00000344112 \_04/29/05-80123-015 50.00 CITY-ST-ZIP MIAMI, FL 33130 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-25-05

FILED