2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-20-2005 90036 030 ****50.00

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1. Entity Name
SKORMAN ENTERPRISES, LLC

Principal Place of Business	Mailing Address
2813 S. HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835 US	2813 S. HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835 US

30006783

01242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
6000 METROWEST BLVD.	6000 METROWEST BLVD
Suite, Apt. #, etc.: SUITE 111	Suite, Apt. #, etc.: SUITE 111
City & State: ORLANDO FLORIDA	City & State: ORLANDO FLORIDA
Zip: 32835 Country: USA	Zip: 32835 Country: USA

4. FEI Number 59-3784136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKORMAN, MARC 2813 S. HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835	Name Street Address (P.O. Box Number is Not Acceptable) 6000 METROWEST BLVD SUITE 111 City ORLANDO FL Zip Code 32835

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

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKORMAN, MARC 2813 S. HIAWASSEE ROAD, SUITE 101 ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6000 METROWEST BLVD SUITE 111 ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKORMAN, KEVIN 2813 S. HIAWASSEE ROAD, SUITE 101 ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6000 METROWEST BLVD SUITE 111 ORLANDO FLORIDA 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SKORMAN ENTERPRISES LLC

SIGNATURE: [signature] MANAGER MARC SKORMAN MANAGER 3/22/05 4072532001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #