


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # L04000008485					
1. Entity Name SKATERS CHOICE REALTY, LLC					
Principal Place of Business 2607 EAST OLIVE ROAD PENSACOLA, FL 32514			Mailing Address P.O. BOX 148 STARKVILLE, MS 39760		
2. Principal Place of Business		3. Mailing Address PO Box 1087			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Gulf Breeze FL		4. FEI Number 03-0535856	
Zip 32502	Country USA	Zip 32502	Country USA	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02032005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHIBBS, VINCENT J JR 105 E. GREGORY SQUARE PENSACOLA, FL 32502			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, DALE 1171 OLD WEST POINT ROAD STARKVILLE, MS 39759	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Taylor, DALE 14 Oceanview Dr Pensacola Beach FL 32561
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Lana Taylor</i> LANA TAYLOR			3-15-05 850-916-9825		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		