


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90122 018 ****50.00

DOCUMENT # L04000026774

1. Entity Name
SKAGIM, LLC



Principal Place of Business
 10115 FOREST HILL BOULEVARD
 SUITE 400
 WELLINGTON, FL 33414 US

Mailing Address
 10115 FOREST HILL BOULEVARD
 SUITE 400
 WELLINGTON, FL 33414 US

20053233


2. Principal Place of Business
1395 STATE ROAD 7

3. Mailing Address
1395 STATE ROAD 7

Suite, Apt. #, etc.
SUITE 450

City & State
Wellington FL

Zip
33414 Country
USA



04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-2271003 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

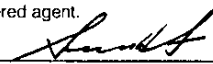
6. Name and Address of Current Registered Agent

HERBST, SETH M M.D.
 10115 FOREST HILL BOULEVARD
 SUITE 400
 WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1395 STATE ROAD 7
SUITE 450
 City **Wellington** FL Zip Code **33414**

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  DATE **04-22-05**

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HERBST, SETH M M.D. 10115 FOREST HILL BOULEVARD, SUITE 400 WELLINGTON, FL 33414 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| → 1395 STATE ROAD 7 SUITE 450 Wellington FL 33414 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  DATE **04-22-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #