
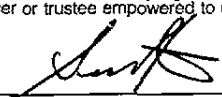


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000026774</b> 1. Entity Name <b>SKAGIM, LLC</b>		
Principal Place of Business <b>1395 STATE ROAD 7 SUITE 450 WELLINGTON, FL 33414 US</b>		Mailing Address <b>1395 STATE ROAD 7 SUITE 450 WELLINGTON, FL 33414 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HERBST, SETH M M.D. 1395 STATE ROAD 7 SUITE 450 WELLINGTON, FL 33414</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERBST, SETH M M.D. 1395 STATE ROAD 7, SUITE 450 WELLINGTON, FL 33414	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <b>4-21-06 561-798-8975</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2271003

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1100000531375  
05/06/06-80042-002 50.00

**DO NOT WRITE  
IN THIS SPACE**