

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90160 033 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000029633 1. Entity Name SK DEVELOPMENT 1 LC					
Principal Place of Business 4900-H CREEKSIDE DRIVE CLEARWATER FL 33760			Mailing Address 4900-H CREEKSIDE DRIVE CLEARWATER FL 33760		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2470782	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QUARTETTI, THOMAS L 4900-H CREEKSIDE DRIVE CLEARWATER FL 33760			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____		
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 reissuing) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P	Thomas L. Quartetti <input type="checkbox"/> Delete 4900 Creekside Dr. Ste H Clearwater, FL 33760		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE S/T	Erika D. Hunter <input type="checkbox"/> Delete 4900 Creekside Drive Ste H Clearwater, FL 33760		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/11/05 Daytime Phone # 727-592-0289		

ATTACHMENT

30001529

L04000029633

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **20-2470782**

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested SK DEVELOPMENT 1 LLC			
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 4900 CREEKSIDE DR STE H		5a Street address (if different) (Do not enter a P.O. box.) SAME AS MAILING ADDRESS	
4b City, state, and ZIP code CLEARWATER FL 33760		5b City, state, and ZIP code	
6 County and state where principal business is located PINELLAS FL			
7a Name of principal officer, general partner, grantor, owner, or trustor THOMAS L. QUARTETTI		7b SSN, ITIN, or EIN 267-77-4396	
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (SSN)	
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S		<input type="checkbox"/> Trust (SSN of grantor)	
<input type="checkbox"/> Personal service corp. SINGLE MEMBER		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Other (specify) ▶ LLC 8832 ELECT SCORP		Group Exemption Number (GEN) ▶	
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country	
FL			
9 Reason for applying (check only one box)		<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ OPEN BANK ACCOUNT	
<input type="checkbox"/> Started new business (specify type) ▶		<input type="checkbox"/> Changed type of organization (specify new type) ▶	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a trust (specify type) ▶	
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶	
10 Date business started or acquired (month, day, year) 04/19/04		11 Closing month of accounting year DECEMBER	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶			
		Agricultural	Household
		0	0
14 Check one box that best describes the principal activity of your business.			
<input checked="" type="checkbox"/> Construction		<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Real estate		<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Retail	
<input type="checkbox"/> Other (specify)			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. TOWNHOMES			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ SUNKETCH HOMES INC Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			
12/09/02		CLEARWATER FL	61 1436647
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
Third Party Designee	Designee's name Ben Humphreys at TAX9ER		Designee's telephone number (include area code) (888) 459 - 8173
	Address and ZIP code 1133 Broadway Ste 218		Designee's fax number (include area code) (702) 446 - 9471
	New York NY 10010		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ ERIKA D HUNTER			
Signature ▶  Date ▶ 03/10/05			
Applicant's telephone number (include area code) (727) 592 - 0289			
Applicant's fax number (include area code) (727) 592 - 0299			