

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029633

Entity Name: SK DEVELOPMENT 1 LC

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

4900-H CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

4900 CREEKSIDE DRIVE
SUITE H
CLEARWATER, FL 33760

Current Mailing Address:

4900-H CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Mailing Address:

4900-H CREEKSIDE DRIVE
SUITE H
CLEARWATER, FL 33760

FEI Number: 20-2470782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUARTETTI, THOMAS L
4900-H CREEKSIDE DRIVE
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

QUARTETTI, THOMAS L
4900 CREEKSIDE DRIVE
SUITE H
CLEARWATER, FL 33760 US

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.

SIGNATURE: THOMAS L. QUARTETTI

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: QUARTETTI, THOMAS L
Address: 4900 CREEKSIDE DR STE H
City-St-Zip: CLEARWATER, FL 33760

Title: ST () Delete
Name: HUNTER, ERIKA D
Address: 4900 CREEKSIDE DR STE H
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIKA D. HUNTER

S/T

04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date