

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029638

Entity Name: SK DEVELOPMENT 2 LC

FILED
Feb 21, 2006
Secretary of State

Current Principal Place of Business:

4900-H CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

4900-H CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3815009

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:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: VP () 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:

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

ST

02/21/2006

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