

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-16-2005 90162 032 ****50.00

DOCUMENT # L04000029639

1. Entity Name

SK DEVELOPMENT 4 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

Applied For

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$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

Thomas L. Quartetti

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

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** ☐ Delete
NAME Ralph W. Quartetti
STREET ADDRESS 4900 Creekside Drive Suite H
CITY-STATE-ZIP Clearwater, FL 33760

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VP** ☐ Delete
NAME Thomas L. Quartetti
STREET ADDRESS 4900 Creekside Drive Suite H
CITY-STATE-ZIP Clearwater, FL 33760

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **S/T** ☐ Delete
NAME Erika D. Hunter
STREET ADDRESS 4900 Creekside Drive Suite H
CITY-STATE-ZIP Clearwater, FL 33760

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
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☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-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:

Thomas L. Quartetti

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

2/10/05 727 592-0289

Date

Daytime Phone #

ATTACHMENT

30001701
#L04000029639

631-447-8960

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

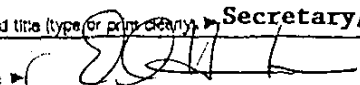
Application for Employer Identification Number

(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

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested SK Development 4 LC		
	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 Drive Ste H		5a Street address (if different) (Do not enter a P.O. box.)
	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		
7a Name of principal officer, general partner, grantor, owner, or trustee		7b SSN, ITIN, or EIN	
8a Type of entity (check only one box)			
☐ Sole proprietor (SSN) _____ ☐ Partnership _____ ☒ Corporation (enter form number to be filed) ▶ 1120S ☐ Personal service corp. ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ _____ ☐ Other (specify) ▶ _____			
☐ Estate (SSN of decedent) _____ ☐ Plan administrator (SSN) _____ ☐ Trust (SSN of grantor) _____ ☐ National Guard ☐ State/local government ☐ Farmers' cooperative ☐ Federal government/military ☐ REMIC ☐ Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country	
Florida			
9 Reason for applying (check only one box)			
☐ Started new business (specify type) ▶ _____ ☐ Hired employees (Check the box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶ _____			
☒ Banking purpose (specify purpose) ▶ Open Bank Account ☐ Changed type of organization (specify new type) ▶ _____ ☐ Purchased going business ☐ Created a trust (specify type) ▶ _____ ☐ Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 4/19/04		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 ☐ Other			
14 Check one box that best describes the principal activity of your business.			
☒ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail ☐ 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? ☒ Yes ☐ 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 ▶ Tom Quartetti Trade name ▶ SK Development 1 LC			
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) 3/10/05 City and state where filed 20-2470782 Clearwater, FL Previous EIN _____			
Third Party Designee	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.		
	Designee's name		Designee's telephone number (include area code)
	Address and ZIP code		Designee's fax number (include area code)
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) ▶ Secretary/Treasurer Erika D. Hunter			Applicant's telephone number (include area code) (727) 592-0289
Signature ▶  Date ▶ 3/11/05			Applicant's fax number (include area code) (727) 592-0299

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat No. 16066N

Form **SS-4** (Rev. 12-2001)