

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029639

Entity Name: SK DEVELOPMENT 4 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: 56-2505477

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 DRIVE SUITE H  
City-St-Zip: CLEARWATER, FL 33760

Title: V ( ) Delete  
Name: QUARTETTI, THOMAS L  
Address: 4900 CREEKSIDE DRIVE SUITE H  
City-St-Zip: CLEARWATER, FL 33760

Title: ST ( ) Delete  
Name: HUNTER, ERIKA D  
Address: 4900 CREEKSIDE DRIVE SUITE 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