


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90225 041 ***143.75

DOCUMENT # L04000038950	
1. Entity Name SKD INVESTMENT CO. LLC	

Principal Place of Business C/O DALFEN'S LIMITED 4444 STE-CATHERINE QUEST #100 WESTMOUNT QUEBEC CANADA H3Z 1R2, XX	Mailing Address C/O DALFEN'S LIMITED 4444 STE-CATHERINE QUEST #100 WESTMOUNT QUEBEC CANADA H3Z 1R2, XX
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60022534

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 30-0315525	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COBB, THOMAS C ESQ C/O COBB & EBIN P.A. 825 BRICKELL BAY DRIVE, SUITE 1648 MIAMI, FL 33131-2920	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3841 NE 2ND AVE, STE 305 City MIAMI FL Zip Code 33137
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALFEN, MURRAY 4444 STE-CATHERINE OUEST, SUITE 100 WESTMOUNT, QUEBEC H3Z 1R2, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M. Dalfen APRIL 3/08 514-938-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MURRAY DALFEN Date Daytime Phone #