

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044100

Entity Name: SKATE PARADISE, LLC

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

355 RENOIR DR.  
OSPREY, FL 34229

## New Principal Place of Business:

## Current Mailing Address:

355 RENOIR DR.  
OSPREY, FL 34229

## New Mailing Address:

FEI Number: 55-0869941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THARP, VICTORIA E  
355 RENOIR DR.  
OSPREY, FL 34229 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/MEMBERS:

Title: MGR ( ) Delete  
Name: THARP, VICTORIA E  
Address: 355 RENOIR DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: MGRM ( ) Delete  
Name: THARP, MICHAEL W  
Address: 355 RENOIR DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition  
Name: PERKINS, DONALD  
Address: 2409 BAYSHORE ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Change (X) Addition  
Name: PERKINS, SUSAN  
Address: 2409 BAYSHORE ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Change (X) Addition  
Name: BROWN, DANNY  
Address: 9155 SOUTH SEYMOUR  
City-St-Zip: SWARTZ CREEK, MI 48473

Title: MGRM ( ) Change (X) Addition  
Name: BROWN, KIM  
Address: 9155 SOUTH SEYMOUR  
City-St-Zip: SWARTZ CREEK, MI 48473

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTORIA THARP

MGR

04/18/2005

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