


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000049767</b> 1. Entity Name SKATELAND SKATING CENTER OF MILTON, L.L.C.	
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Principal Place of Business 6056 NORTH STEWART STREET MILTON, FL 32570	Mailing Address 6223 HIGHWAY 90 #130 MILTON, FL 32570
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01112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1326269	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

EADY, JENNIFER B  
6056 NORTH STEWART STREET  
MILTON, FL 32570

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000595558  
01/23/07-80043-024 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EADY, TERRY L 6056 NORTH STEWART STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EADY, JENNIFER B 6056 NORTH STEWART STREET MILTON, FL 32570
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**DO NOT WRITE  
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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:** *Jennifer Eady* **1-20-07** **850-903-7855**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #