


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-04-2008 90134 018 ***138.50
L04000049767

DOCUMENT # L04000049767	
1. Entity Name SKATELAND SKATING CENTER OF MILTON, L.L.C.	

FILED
08 FEB 18 PM 2:55
60005705 OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6056 NORTH STEWART STREET MILTON, FL 32570	Mailing Address 6223 HIGHWAY 90 #130 MILTON, FL 32570
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262008 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 20-1326269	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EADY, JENNIFER B 6056 NORTH STEWART STREET MILTON, FL 32570
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Jennifer B Eady 1-27-08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when re-registering) 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 EADY, TERRY L 6056 NORTH STEWART STREET MILTON, FL 32570 <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	MGR EADY, JENNIFER B 6056 NORTH STEWART STREET MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 B Eady 1-27-08 850-623-9415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #