2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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1. Entity Name
SILVER KING PROPERTY OWNERS, LLC

Principal Place of Business	Mailing Address
C/O ATLAS INSURANCE AGENCY 7120 BENEVA RD SARASOTA, FL 34238	C/O ATLAS INSURANCE AGENCY 7120 BENEVA RD SARASOTA, FL 34238

DO NOT WRITE IN THIS SPACE

01202006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1353797
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, DARREN B
C/O ATLAS INSURANCE AGENCY
7120 BENEVA RD
SARASOTA, FL 34238

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOWARD, DARREN B
STREET ADDRESS	7120 BENEVA RD
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	MGRM
NAME	BROWN, ROBERT W
STREET ADDRESS	7120 BENEVA RD
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	MGRM
NAME	KOCHIS, THOMAS W
STREET ADDRESS	7120 BENEVA RD
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	MGRM
NAME	PFIEL, DAVID P
STREET ADDRESS	7120 BENEVA RD
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/06-80046-002 50.00

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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: Thomas W Kochis 02/02/06 941-366-8424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #