2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# L04000065621

Entity Name: SKI FRANZ, LLC

Current Principal Place of Business:

10032 SURREY FARMS LANE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

10032 SURREY FARMS LANE
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, THOMAS H
10032 SURREY FARMS LANE
TALLAHASSEE, FL 32309 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	EDWARDS, LINDA D	
Address:	10032 SURREY FARMS LANE	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	MGRM	( ) Delete
Name:	DUNGEY, SCOTT W	
Address:	10026 SURREY FARMS LANE	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	MGRM	( ) Delete
Name:	DUNGEY, ANESSA E	
Address:	10026 SURREY FARMS LANE	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	MGRM	( ) Delete
Name:	DUNGEY, LOGAN T	
Address:	10026 SURREY FARMS LANE	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	MGRM	( ) Delete
Name:	DUNGEY, LANDON S	
Address:	10026 SURREY FARMS LANE	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	MGRM	( ) Delete
Name:	EDWARDS, THOMAS H	
Address:	10032 SURREY FARMS LANE	
City-St-Zip:	TALLAHASSEE, FL 32312	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS H. EDWARDS PRES 02/15/2007

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