

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90018 005 \*\*\*\*50.00

DOCUMENT # L04000069826



1. Entity Name

SK FAIRGREEN, LLC

Principal Place of Business

2152 14TH CIRCLE NORTH  
ST. PETERSBURG FL 33713

Mailing Address

2152 14TH CIRCLE NORTH  
ST. PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3727580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HINES, J. BRADFORD  
100 FIRST AVENUE SOUTH, SUITE 500  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Str J. Bradford Hines

100 2<sup>nd</sup> Avenue South

Suite 301N

Cit St. Petersburg, FL 33701

Zip Code

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

*J. Bradford Hines*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/06

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME SCHERER, CLARK H III  
STREET ADDRESS 2152 14TH CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE MGRM ☐ Delete  
NAME KEATOR, CLARK L  
STREET ADDRESS 1525 EAST AMELIA STREET  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☒ Change ☐ Addition  
NAME KEATOR, CLARK L  
STREET ADDRESS 3909 FAIRGREEN ST  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*J. Bradford Hines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

5/1/06

Daytime Phone #