

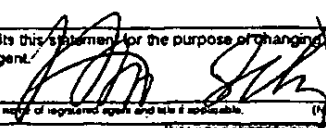
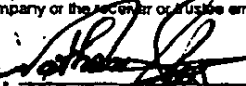
FROM :HJG

FAX NO. :4454

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-04-2005 90017 042 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L04000089515					
1. Entity Name THE SKOP, LLC					
Principal Place of Business 7900 B LEXINGTON CLUB BLVD. DELRAY BEACH FL 33446			Mailing Address 7900 B LEXINGTON CLUB BLVD. DELRAY BEACH FL 33446		
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 65-6254919	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required.	
6. Name and Address of Current Registered Agent SCHWARTZ, HOWARD 621 N.W. 53RD. STREET SUITE 390 BOCA RATON FL 33487			7. Name and Address of New Registered Agent Name NATHAN SKOP Street Address (P.O. Box Number is Not Acceptable) as above City FL 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  DATE 2/27/05					
 Make Check Payable to Florida Department of State DUE BY MAY 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SKOP, NATHAN		NAME		
STREET ADDRESS	7900B LEXINGTON CLUB BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SKOP, HELEN		NAME		
STREET ADDRESS	7900B LEXINGTON CLUB BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 secretary or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE  NATHAN SKOP			Date 2-26-05 1-561-687-0028		
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		