

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000089515 1. Entity Name THE SKOP, LLC	
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Principal Place of Business 7900 B LEXINGTON CLUB BLVD. DELRAY BEACH, FL 33446	Mailing Address 7900 B LEXINGTON CLUB BLVD. DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC

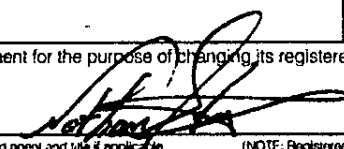
CR2E083 (12/07)

4. FEI Number 65-6254919	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent SKOP, NATHAN 7900 B LEXINGTON CLUB BLVD DELRAY BEACH, FL 33446

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IN THIS SPACE**

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 NATHAN SKOP Signature, typed or printed name of registered agent and title if applicable.	 (NOTE: Registered Agent signature required when reinstating)	1-10-08 DATE

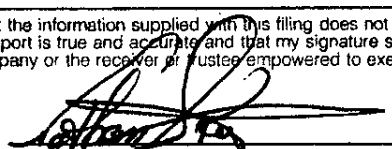
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKOP, NATHAN 7900B LEXINGTON CLUB BLVD. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKOP, HELEN 7900B LEXINGTON CLUB BLVD. DELRAY BEACH, FL 33446
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U00000783268
01/16/08-80008-011 138.75

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	1-10-08 Date	1-561-637-06 Daytime Phone #
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