


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000029061 1. Entity Name SKIES THE LIMIT THERAPY, LLC	
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Principal Place of Business 6549 86TH AVENUE PINELLAS PARK, FL 33782	Mailing Address 6549 86TH AVENUE PINELLAS PARK, FL 33782
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01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2546458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OBERMAN, CHERYL
 6549 86TH AVENUE
 PINELLAS PARK, FL 33782

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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBERMAN, CHERYL 6549 86TH AVENUE PINELLAS PARK, FL 33782
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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: Cheryl A. O 4/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #