

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000056318

1. Entity Name  
SKULE HOUSE, LLC



Principal Place of Business

5255 COLLINS AVENUE  
APT 6J  
MIAMI BEACH, FL 33140 US

Mailing Address

5255 COLLINS AVENUE  
APT 6J  
MIAMI BEACH, FL 33140 US



01022008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2989725

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FRIEDLANDER, BERNARD I  
5255 COLLINS AVENUE  
APT 6J  
MIAMI BEACH, FL 33140

**DO NOT WRITE  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FRIEDLANDER, BERNARD I
STREET ADDRESS	5255 COLLINS AVENUE, APT 6J
CITY- ST- ZIP	MIAMI BEACH, FL 33140

TITLE	MGR
NAME	FRIEDLANDER, MARGERY G
STREET ADDRESS	5255 COLLINS AVENUE, APT 6J
CITY- ST- ZIP	MIAMI BEACH, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000778775  
01/11/08-80010-024-138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** **B. I. FRIEDLANDER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**JAN 2/08 3058643676**