


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000058662 1. Entity Name THE SK COMPANIES LLC	
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Principal Place of Business 251 ROYAL PALM WAY, SUITE 300A PALM BEACH, FL 33480	Mailing Address 251 ROYAL PALM WAY, SUITE 300A PALM BEACH, FL 33480
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07052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1704349	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAY, KENNER E JR.
251 ROYAL PALM WAY, SUITE 300A
PALM BEACH, FL 33480

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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 September 14, 2007

000000768445
 07/12/07-80008-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, KENNER E JR. 251 ROYAL PALM WAY, SUITE 300A PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLIGER, SPENCER H 251 ROYAL PALM WAY, SUITE 300A PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  July 5, 2007 561.313.7934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #