

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063483

FILED
Apr 17, 2007
Secretary of State

Entity Name: S & K PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3081169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARREA & ORTEGA
150 ALHAMBRA CIRCLE, SUITE 950
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARTAYA, LIDIA
Address: 150 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: KUCZURBA, DIRK
Address: 150 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: HERNANDEZ, FRANK
Address: 150 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LIDIA CARTAYA

MGR

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date