

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:59

<b>DOCUMENT # L05000082847</b>					
<b>1. Entity Name</b> SK WEST PALM BEACH, L.L.C.					
<b>Principal Place of Business</b> 9160 WEST STATE ROAD 84 DAVIE, FL 33324			<b>Mailing Address</b> 9160 WEST STATE ROAD 84 DAVIE, FL 33324		
<b>2. Principal Place of Business</b> 2439 N. MILITARY TRAIL Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2439 N. MILITARY TRAIL Suite, Apt. #, etc.			
<b>City &amp; State</b> WEST PALM BEACH, FL Zip: 33409 Country: USA		<b>City &amp; State</b> WEST PALM BEACH, FL Zip: 33409 Country: USA		<b>4. FEI Number</b> 20-3346949	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> SASLAW, GARY R 20801 BISCAYNE BLVD., SUITE 304 AVENTURA, FL 33180-1422			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: _____ NAME: ANDREW DOREMAN STREET ADDRESS: 8882 SW 57 CT CITY-ST-ZIP: COOPER CITY FL 33328	<input type="checkbox"/> Delete		TITLE: _____ NAME: ANDREW DOREMAN STREET ADDRESS: 8882 SW 57 CT CITY-ST-ZIP: COOPER CITY FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: 400080002714 CITY-ST-ZIP: 09/20/06-01052-014 ***50 00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 12-Sep-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 954-854-4422		