

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092342

FILED  
Mar 21, 2007  
Secretary of State

Entity Name: SK ROYAL INVESTMENTS, LLC

**Current Principal Place of Business:**

3304 JOPPA DRIVE  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

3304 JOPPA DRIVE  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 20-3928303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENNEDY, RONALD A  
3304 JOPPA DRIVE  
PACE, FL 32571 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: MGRM ( ) Delete  
Name: SCOTT, JEFFREY A  
Address: 4914 LAUREL OAK DRIVE  
City-St-Zip: PACE, FL 32571

Title: MGRM ( ) Delete  
Name: SCOTT, JERRY A SR.  
Address: 4765 WATERMILL RD.  
City-St-Zip: JAY, FL 32565

Title: MGR ( ) Delete  
Name: KENNEDY, RONALD A  
Address: 3304 JOPPA DRIVE  
City-St-Zip: PACE, FL 32571

**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: RONALD A. KENNEDY

MGR

03/21/2007

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