


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000117751</b> 1. Entity Name SKT INVESTMENTS, LLC	
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Principal Place of Business 815 PEACOCK PLAZA KEY WEST, FL 33040	Mailing Address 815 PEACOCK PLAZA KEY WEST, FL 33040
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01242007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4082789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
OROPEZA, SCOTT  
815 PEACOCK PLAZA  
KEY WEST, FL 33040

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT AND ELIZABETH OROPEZA, AS TENANTS 815 PEACOCK PLAZA KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD AND ALICIA OROPEZA, AS TENANTS 815 PEACOCK PLAZA KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OROPEZA, KIMBERLY 815 PEACOCK PLAZA KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000608948  
02/01/07-80030-022 50.00

**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: Scott Oropeza 1/29/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #