


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90481 007 \*\*\*\*50.00

**DOCUMENT # L06000051933**

1. Entity Name  
 SKG OF BEVERLY HILLS, LLC



Principal Place of Business  
 3591 N. LECANTO HIGHWAY  
 LECANTO, FL 34465

Mailing Address  
 3591 N. LECANTO HIGHWAY  
 LECANTO, FL 34465

2. Principal Place of Business - No P.O. Box #  
 3470 N LECANTO HWY

3. Mailing Address  
 3470 N LECANTO HWY

Suite, Apt. #, etc.

City & State  
 BEVERLY HILLS FL

City & State  
 BEVERLY HILLS FL

Country  
 USA

60022394



03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KINNARD, JEFFERY S D.C.  
 3591 N. LECANTO HIGHWAY  
 LECANTO, FL 34465

7. Name and Address of New Registered Agent  
 Name KINNARD, JEFFERY S D.C.  
 Street Address (P.O. Box Number is Not Acceptable)  
 3470 N LECANTO HWY  
 City BEVERLY HILLS FL Zip Code 34465

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]* DATE 3/8/07

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 May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINNARD, JEFFERY S D.C. 3591 N. LECANTO HIGHWAY LECANTO, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ST. MARTIN, DACELIN M.D. PO BOX 2066 LECANTO, FL 34460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINNARD, JEFFERY S D.C. 3470 N LECANTO HWY BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE 3/8/07 DAYTIME PHONE # 352.527-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #