


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

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|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L06000100238 1. Entity Name SK DAVIS LLC |  |
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|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business 12 OAK LANE FLAGLER BEACH, FL 32136 | Mailing Address 12 OAK LANE FLAGLER BEACH, FL 32136 |
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DO NOT WRITE IN THIS SPACE



05032008No Chg-LLC

CR2E083 (12/07)

| | |
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| 4. FEI Number 20-5704517 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DAVIS, SANDRA K 12 OAK LANE FLAGLER BEACH, FL 32136 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

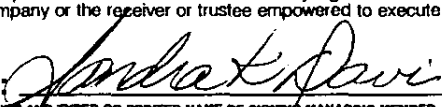
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| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |
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| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVIS, SANDRA K 12 OAK LANE FLAGLER BEACH, FL 32136 |
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05/30/08-80058-006 138.75

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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:  **5/2/08** **(386) 451-2563**

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