2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000110948

SKG CLARK ROAD LLC

Principal Place of Business

303 9TH STREET WEST

BRADENTON, FL 34209

SUITE 201



Mailing Address

303 9TH STREET WEST SUITE 201

BRADENTON, FL 34209

FILED Apr 21, 2008 08:00 All Secretary of State



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

GRAVELY, JEFFREY D 303 9TH STREET WEST **SUITE 201** BRADENTON, FL 34205

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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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.	:ept
	the obligations of registered agent.	
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(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U000000910131 05/06/08-80098-010 138.75

MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE NAME GRAVELY, JEFFREY D 303 9TH STREET WEST, SUITE 201 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #