

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

03-14-2007 90208 011 ****50.00

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DOCUMENT # L06000115563																																																																																																																																	
1. Entity Name SKELLCHOCK REAL ESTATE HOLDINGS, LLC.																																																																																																																																	
Principal Place of Business 12781 NW 75 STREET PARKLAND, FL 33076 US			Mailing Address 12781 NW 75 STREET PARKLAND, FL 33076 US																																																																																																																														
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																														
City & State			City & State																																																																																																																														
Zip		Country		Zip																																																																																																																													
4. FEI Number 20-5992302			Applied For ☐ Not Applicable																																																																																																																														
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required																																																																																																																														
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																														
SKELLCHOCK, LAURA E MD 12781 NW 75 STREET PARKLAND, FL 33078			Name																																																																																																																														
			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																														
			City																																																																																																																														
			FL Zip Code																																																																																																																														
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 <i>Skellchock</i> 3.25.07 DATE																																																																																																																																	
Filing Fee is \$50.00 Due by May 1, 2007																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																	
<table border="1"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>MGRM</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SKELLCHOCK, LAURA E MD</td> <td rowspan="3"><i>Skellchock</i></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12781 NW 75 STREET</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PARKLAND, FL 33078</td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	SKELLCHOCK, LAURA E MD	<i>Skellchock</i>	NAME			STREET ADDRESS	12781 NW 75 STREET	STREET ADDRESS			CITY - ST - ZIP	PARKLAND, FL 33078	CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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.																																																																																																																																	

Skellchock MD **4.29.07**