

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029246

Entity Name: S K HAAS LLC

FILED  
May 04, 2008  
Secretary of State

## Current Principal Place of Business:

2044 WEST RIST STREET  
FT. MYERS, FL 33901

## New Principal Place of Business:

2044 WEST FIRST STREET  
FT. MYERS, FL 33901

## Current Mailing Address:

2044 WEST RIST STREET  
FT. MYERS, FL 33901

## New Mailing Address:

2044 WEST FIRST STREET  
FT. MYERS, FL 33901

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

HAAS, STEPHEN L MGRM  
2044 WEST FIRST STREET  
FORT MYERS, FL 33901 US

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.

SIGNATURE: STEPHEN L. HAAS

05/04/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HAAS, STEPHEN  
Address: 2044 WEST RIST STREET  
City-St-Zip: FT. MYERS, FL 33901

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HAAS, STEPHEN  
Address: 2044 WEST FIRST STREET  
City-St-Zip: FT. MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN HAAS

MGRM

05/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date