2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L07000055474

Entity Name: SKILESMEN LLC

Current Principal Place of Business:

16765 COMMONWEALTH AVENUE NORTH
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

16765 COMMONWEALTH AVENUE NORTH
POLK CITY, FL 33868

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKILES, MARTIN E
16765 COMMONWEALTH AVENUE NORTH
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SKILES, MARTIN C
Address: 16767 COMMONWEALTH AVENUE NORTH
City-St-Zip: POLK CITY, FL 33868 US

Title: MGR (X) Delete
Name: DUBOSE, SHAWN R
Address: 17865 COMMONWEALTH AVENUE NORTH
City-St-Zip: POLK CITY, FL 33868 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SKILES, ALBERT W
Address: 1442 COYOTE TRAIL
City-St-Zip: POLK CITY, FL 33868 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARTIN E SKILES RA 04/11/2008

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