

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096123

Entity Name: SK MANAGER, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

500 E. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602

**New Principal Place of Business:**

1414 SWANN AVE.  
STE 201  
TAMPA, FL 336062533

**Current Mailing Address:**

500 E. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602

**New Mailing Address:**

1414 SWANN AVE.  
STE 201  
TAMPA, FL 336062533

FEI Number: 26-1126181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

SMOLKER, DAVID  
500 E. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: M ( ) Change (X) Addition  
Name: SMOLKER, DAVID  
Address: 500 E. KENNEDY BLVD., STE 200  
City-St-Zip: TAMPA, FL 33602

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: DAVID SMOLKER

M

05/01/2008

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