

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077799

Entity Name: SKDR LLC

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

5164 SEAHORSE AVE.  
NAPLES, FL 34103

## New Principal Place of Business:

387 CAPRI BLVD.  
NAPLES, FL 341113

## Current Mailing Address:

5164 SEAHORSE AVE.  
NAPLES, FL 34103

## New Mailing Address:

387 CAPRI BLVD.  
NAPLES, FL 341113

FEI Number: 26-3210678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROGERS, SARAH  
5164 SEAHORSE AVE.  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

ALEXANDER, ALEX  
387 CAPRI BLVD  
NAPLES, FL 34113 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: ALEX ALEXANDER

03/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROGERS, SARAH  
Address: 5164 SEAHORSE AVE.  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM (X) Delete  
Name: ROGERS, ROBERT  
Address: 5164 SEAHORSE AVE.  
City-St-Zip: NAPLES, FL 34103 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ALEXANDER, ALEX  
Address: 387 CAPRI BLVD  
City-St-Zip: NAPLES, FL 34113 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: ALEX ALEXANDER

MGRM

03/02/2009

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