

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR 17 PM 1:50

**FILING FEE \$ 188.75** **Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee**  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000001225**

**SKS PROPERTIES, L.C.**  
**240 SOUTH PINEAPPLE AVENUE, SUITE 702**  
**SARASOTA FL 34236**

1a. Principal Place of Business Address

**240 SOUTH PINEAPPLE AVENUE,**  
**SARASOTA FL 34236**

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

**07/27/1998**

**FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 702**

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

**\$8.75 Additional Fee Required** ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

**SABA, WILLIAM A**  
**240 SOUTH PINEAPPLE AVENUE, SUITE 70**  
**SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

**MGRM SABA, WILLIAM A 240 SOUTH PINEAPPLE AVENUE SARASOTA FL**

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-03/18/99--01096--006  
\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE: William A Saba**

**3/9/99**

**(941)365-9400**