

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009375
AF

DOCUMENT # L98000001225

1. Entity Name
SKS PROPERTIES, L.C.

00 MAY -3 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
240 SOUTH PINEAPPLE AVENUE, SUITE 702
SARASOTA FL 34236

Mailing Address
240 SOUTH PINEAPPLE AVENUE, SUITE 702
SARASOTA FL 34236-6724



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number
65-0868783

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
SABA, WILLIAM A
240 SOUTH PINEAPPLE AVENUE, SUITE 702
SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 William A. Saba (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABA, WILLIAM A 240 SOUTH PINEAPPLE AVENUE, SUITE 702 SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I 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 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.

SIGNATURE: William A. Saba REQUIRED Saba, Managing Member 4/27/00 (941) 365-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)