LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L98000001225

SKS PROPERTIES, L.C.

DOCUMENT#

1. Entity Name

FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90270 006 ****50.00

DO NOT WRITE IN THIS SPACE

967263

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2. Principal Place of Business 240 S. PINEAPPLE AVE.		3. Mailing Address SAME				
Suite, Apt. #, etc. SUITE 702		Suite, Apt. #, etc.		DO NOT WE	DO NOT WRITE IN THIS SPACE	
City & State SARASOTA, FL 34236		City & State		4. FEI Number 65–0868783		Applied For Not Applicable
^{Zip} 34236	Country SARASOTA	Zip	Country	5. Certificate of Status Desired		00 Additional

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent								
	SABA,	WILLIAM A		Q	-			
Street Ac	dress (P.C 240 S	D. Box Number is Not PINEAPPLE	Acceptable)	SUITE	702			
City	SARASO)TA		FL	Zip Code 34236			

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 Fiorida. Signature, typed or printed name of registered agent and title if applicable DATE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE MANAGING MEMBER TITLE CR2E083B (12/01 NAME WILLIAM A. SABA NAME STREET ADDRESS 240 S. PINEAPPLE AVE., SUITE 702 SARASOTA, FL 34236-6724 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02

(941) 365-9400

Date

Daytime Phone #