


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000001225</b>	
1. Entity Name <b>SKS PROPERTIES, L.C.</b>	

Principal Place of Business <b>240 SOUTH PINEAPPLE AVENUE, SUITE 702 SARASOTA, FL 34236</b>	Mailing Address <b>240 SOUTH PINEAPPLE AVENUE, SUITE 702 SARASOTA, FL 34236</b>
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01112006No Chg-LLC

CR2ED83 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0868783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SABA, WILLIAM A 240 SOUTH PINEAPPLE AVENUE, SUITE 702 SARASOTA, FL 34236</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SABA, WILLIAM A 240 SOUTH PINEAPPLE AVENUE, SUITE 702 SARASOTA, FL 34236</b>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 William A. Saba 1/24/06 (941) 365-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #