2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED DOCUMENT # M0000001298 Mar 24, 2008 08:00 A 1. Entity Name Secretary of State SK32, LLC Principal Place of Business Mailing Address 115 WEST CANON PERDIDO 115 WEST CANON PERDIDO SANTA BARBARA, CA 93101 SANTA BARBARA, CA 93101 03202008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 77-0547227 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PARACORP INCORPORATED DO NOT WRITE 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303 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 algorature required when reinstating) FILE NOW!!! FEE IS \$138.75 U000000866761 After May 1, 2008 Fee will be \$538.75 04/08/08-80043-005 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME KNELL, JAMES P 115 W CANON PERDIDO, STE 200 STREET ADDRESS SANTA BARBARA, CA 93107 CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- 7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-79 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP 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 faccurate 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING MANAGING MEMBER