

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002514

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: SKILKEN D.S., LLC

**Current Principal Place of Business:**

4270 MORSE ROAD  
COLUMBUS, OH 43230

**New Principal Place of Business:**

**Current Mailing Address:**

4270 MORSE ROAD  
COLUMBUS, OH 43230

**New Mailing Address:**

FEI Number: 31-1596030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SKILKEN, B. LEE  
Address: 4270 MORSE ROAD  
City-St-Zip: COLUMBUS, OH 43230

Title: MGRM ( ) Delete  
Name: GOLD, KENNETH B  
Address: 4270 MORSE ROAD  
City-St-Zip: COLUMBUS, OH 43230

Title: MGRM ( ) Delete  
Name: PETRUZIELLO, FRANK R  
Address: 4270 MORSE ROAD  
City-St-Zip: COLUMBUS, OH 43230

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: B LEE SKILKEN

MR.

01/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date