2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# M05000006974

Entity Name: SKO GROUP HOLDING, LLC

Current Principal Place of Business:

5200 TOWN CENTER CIR. SUITE 470
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5200 TOWN CENTER CIR. SUITE 470
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-3939929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:

Title: MGR ( ) Delete
Name: TALARICO, GARY
Address: 375 PARK AVE. SUITE 1302
City-St-Zip: NEW YORK, NY 10152

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CTS (X) Change ( ) Addition
Name: LEDER, MARC J
Address: 5200 TOWN CENTER CIRCLE STE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: KING, THOMAS S
Address: 5200 TOWN CENTER CIRCLE STE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: METZ, CHRIS
Address: 5200 TOWN CENTER CIRCLE STE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: WERKING, DOUG
Address: 5200 TOWN CENTER CIRCLE STE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: CALHOUN, KEVIN
Address: 5200 TOWN CENTER CIRCLE STE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VAS ( ) Change (X) Addition
Name: MCCONVERY, MICHAEL
Address: 5200 TOWN CENTER CIRCLE STE 470
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL MCCONVERY VAS 04/20/2006

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