2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033315

1. Entity Name
CK AT CORAL REEF, LLC

Principal Place of Business	Mailing Address
15053-A S DIXIE HIGHWAY MIAMI, FL 33176	10800 BISCAYNE BLVD., SUITE 820 NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

07052006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0420360	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DE BERDOUARE, CHRISTIAN MAHE
10800 BISCAYNE BLVD., SUITE 820
NORTH MIAMI, FL 33161

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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 reinstating)   DATE

Filing Fee is $50.00
Due by September 6, 2006

U000005700B6
07/13/06-80016-008 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DE BERDOUARE, CHRISTIAN MAHE
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 820
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	MGRM
NAME	SCOTTO, MARIA
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 820
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #