

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90021 017 ****50.00

DOCUMENT # **L02000033315**

1. Entity Name

CK AT CORAL REEF, LLC



Principal Place of Business

**10800 BISCAYNE BLVD., SUITE 820
NORTH MIAMI FL 33161**

Mailing Address

**10800 BISCAYNE BLVD., SUITE 820
NORTH MIAMI FL 33161**

2. Principal Place of Business

15053-A S. Dixie Highway
Suite, Apt. #, etc.

3. Mailing Address

10800 Biscayne Blvd
Suite/Apt. #, etc.
820

City & State

Miami, FL

City & State

North Miami, FL

Zip

33176

Country

USA

Zip

33161

Country

USA

4. FEI Number

59-3767592

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

07/14/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DE BERDOUARE, CHRISTIAN MAHE	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 820	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCOTTO, MARIA	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 820	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	LEON, ORLANDO	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 820	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED**

07/14/03

305892.7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)