


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 30, 2006 8:00 am
Secretary of State

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05-15-2006 90239 025 ****50.00

DOCUMENT # L05000068721			
1. Entity Name CMK INVESTMENTS LLC			
Principal Place of Business % COLDWELL BANKER 20803 BISCAYNE BLVD. AVENTURA FL 33180		Mailing Address % COLDWELL BANKER 20803 BISCAYNE BLVD. AVENTURA FL 33180	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3386915		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDMAN, CORY % COLDWELL BANKER 20803 BISCAYNE BLVD. AVENTURA FL 33180		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 _____		DATE _____	
<small>Signature typed or printed name of signor must appear on this form.</small>		<small>(NOTE: Registered Agent signature required when filing.)</small>	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due by May 1, 2006	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Managing Member President</i> <i>Cory Waldman</i> <i>20803 Bisc. Blvd. #102</i> <i>Aventura, FL 33180</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Member - Vice-President</i> <i>Kevin Gurney</i> <i>14050 NW 74th St. #110</i> <i>Jupiter, FL 33423</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Member - Vice President</i> <i>Mikael Brunnberg</i> <i>445 NE 16th Ave</i> <i>Ft. Lauderdale, FL 33301</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>		Date: <i>4/10/06</i> (305) 459-6287	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	