


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**


DOCUMENT # B99000000122 1. Entity Name CK CAPITAL, L.P.	
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Principal Place of Business 11900 BISCAYNE BLVD. SUITE 501 MIAMI FL 33181	Mailing Address 11900 BISCAYNE BLVD. SUITE 501 MIAMI FL 33181
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2. Principal Place of Business 13899 Biscayne Blvd STE 142	3. Mailing Address 13899 Biscayne Blvd STE 142
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City & State MIAMI FL	City & State MIAMI FL
Zip 33181	Zip 33181
Country USA	Country USA

FILED
2004 FEB 20 PM 3:39
**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

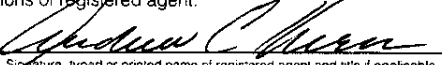


MOORE CR2E003 (11/03)

4. FEI Number 65-0886151	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KERN, ANDREW E 11900 BISCAYNE BLVD. SUITE 501 MIAMI FL 33181	7. Name and Address of New Registered Agent Name Kern, Andrew E Street Address (P.O. Box Number is Not Acceptable) 13899 Biscayne Blvd STE 142 City MIAMI FL Zip Code 33181
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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  DATE _____

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # M99000000195	NAME CK ADVISORS, LLC	STREET ADDRESS 13899 Biscayne Blvd STE 142	
STREET ADDRESS 11900 BISCAYNE BLVD., STE. #501		CITY-ST-ZIP MIAMI FL 33181	
CITY-ST-ZIP MIAMI FL 33181			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **2-18-2004 (305) 341-3444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE