


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # B99000000122		
1. Entity Name CK CAPITAL, L.P.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 11 AM 10:12

Principal Place of Business 13899 BISCAYNE BLVD. SUITE 142 MIAMI FL 33181	Mailing Address 13899 BISCAYNE BLVD. SUITE 142 MIAMI FL 33181
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[Handwritten signature]



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0886151		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KERN, ANDREW E 13899 BISCAYNE BLVD. SUITE 142 MIAMI FL 33181		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 _____
Signature, typed or printed name of registered agent and title if applicable

11: FILE NOW!!! Due by May 1, 2005.
See Block 11: instructions for fee info.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	STREET ADDRESS	13899 Biscayne Blvd Suite 142
NAME	CK ADVISORS, LLC	CITY-ST-ZIP	MIAMI, FL 33181
STREET ADDRESS	11900 BISCAYNE BLVD., STE. #501		
CITY-ST-ZIP	MIAMI FL 33181		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

000046880320
02/18/05-01060-018 **150.00

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-01-2005 305-341-3444

Date Daytime Phone #

STAPLE CHECK HERE