FILED

Due By May 1, 2006			Secretary of State	
DOCUMENT #B9900000122 1. Entity Name CK CAPITAL, L.P.			Secretary of State	
Principal Place of Business 13899 BIS CAYNE BLVD. SUITE 142 MIAMI, FL 33181	Mailing Address 13899 BISCAYNE BLVD. SUITE 142 MIAMI, FL 33181			
DO NOT WRITE IN THIS SPACE		ACE	03012006 No Chg-LP CRZE003 (11/05) 4. FEI Number Applied For	
			65-0886151 Not Applicable 5. Certificate of Status Desired \$8.75 Additional	
6. Name and Address	of Current Registered Agent		Fee Required	
KERN, ANDREW E 13899 BISCAYNE BLVD. SUITE 142 MIAMI, FL 33181			DO NOT WRITE IN THIS SPACE	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of r		stered office ox register	red agent, or both, in the State of Florida. I am familiar with, and accept OATE	
After	May 1, 2006, Fee will be \$900.00 ARTNER THAT IS A BUSINESS ENTITY	MUST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE.	
	riners MAY NOT be changed on the fo	rm; an amendmer	nt must be filed to change a general partner.	
12. GENERA DOCUMENT / M99000000195 NAME CK ADVISORS, LLC STREET ADDRESS 13899 BISCAYNE BLV CITY-SI-ZIP MIAMI, FL 33181		00000483200 04/11/06-80108-002 508. 7		
DOCUMENT # MAME STREET ADDRESS CSTY-ST-ZIP DOCUMENT # MARE				
STREET ADDRESS GITY-SI-ZIP DOCUMENT # NAME STREET ADDRESS GITY-SI-ZIP		DO NOT WRITE IN THIS SPACE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT #				

14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER