# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 25, 2004 8:00 am**
**Secretary of State**
03-12-2004 90233 025 ****50.00

34002144

DOCUMENT # L01000013337

1. Entity Name
CKA CONSTRUCTION GROUP, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 8358 WEST OAKLAND PARK BLVD<br>300<br>SUNRISE, FL 33351 | 8358 WEST OAKLAND PARK BLVD<br>300<br>SUNRISE, FL 33351 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

03022004 Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1530627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HE&F REGISTERED AGENT CORP.
2601 SOUTH BAYSHORE DR., STE. 600
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name Kevin Crousillat
Street Address (P.O. Box Number is Not Acceptable) 535 Somerset Way
City Weston FL Zip Code 33326

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 X _____ Kevin Crousillat _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2004**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CROUSILLAT, KEVIN<br>535 SOMERSET WAY<br>WESTON, FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Crousillat, Kevin | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>CROUSILLAT, CESAR A<br>134 DOCKSIDE TERR<br>WESTON, FL 33327 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CROUSILLAT, CESAR C<br>134 DOCRSIDE TERR<br>WESTON, FL 33327 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** X _____ Kevin Crousillat 3/22/04 954-747077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #