

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L01000019403**

**1. Entity Name  
CK ARTHUR GODFREY, LLC**



**Principal Place of Business**

**10800 BISCAYNE BLVD  
820  
NORTH MIAMI, FL 33161**

**Mailing Address**

**10800 BISCAYNE BLVD  
820  
NORTH MIAMI, FL 33161**



01282005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**65-1155932**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MAHE DE BERDOUARE, CHRISTIAN  
10800 BISCAYNE BLVD  
SUITE 820  
NORTH MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
**MGRM  
MAHE DE BERDOUARE, CHRISTIAN  
10800 BISCAYNE BLVD SUITE 820  
NORTH MIAMI, FL 33161**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP**

000000219343  
02/08/05-80026-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/1/05**

Date

**305-992-7878**

Daytime Phone #