

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90271 024 ***138.75

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																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																														
City & State Zip Country			City & State Zip Country																														
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			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 is acceptable. (NOTE: Registered Agent signature required when transferring)																																	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State!																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM MAHE DE BERDOUARE, CHRISTIAN 10800 BISCAYNE BLVD SUITE 820 NORTH MIAMI FL 33161 ☐ Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHE DE BERDOUARE, CHRISTIAN 10800 BISCAYNE BLVD SUITE 820 NORTH MIAMI FL 33161 ☐ Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHE DE BERDOUARE, CHRISTIAN 10800 BISCAYNE BLVD SUITE 820 NORTH MIAMI FL 33161 ☐ 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 exemptions contained in Section 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE																																	