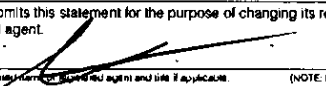
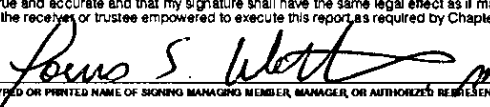


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90307 040 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30059409

DOCUMENT # L01000020113			
1. Entity Name CK FUND 1, L.L.C.			
Principal Place of Business 622 BANYAN TRAIL BOCA RATON, FL 33431		Mailing Address 622 BANYAN TRAIL BOCA RATON, FL 33431	
2. Principal Place of Business 3205 NW 62nd ST		3. Mailing Address 3205 NW 62nd ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33496	Country USA	Zip 33496	Country USA
4. FEI Number 65-1159496		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent TUCKMAN, SCOTT E 622 BANYAN TRAIL BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name STEVEN DEUTSCH, ESQ Street Address (P.O. Box Number is Not Acceptable) FRANK WEIMBERG & BLACK, PC 7805 SW 6th CT City PRANITION FL Zip Code 33324	
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 4/10/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retaining)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELTMAN, LOUIS S CEO 622 BANYAN TRAIL BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, S T LOUIS S WELTMAN 3205 NW 62nd ST BOCA RATON, FL 33496 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCKMAN, SCOTT E 622 BANYAN TRAIL BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELTMAN, JILL K 622 BANYAN TRAIL BOCA RATON, FL 33431 ☒ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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 606, Florida Statutes. SIGNATURE:  Date 4-03-03 Daytime Phone # 561-999-8996 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2003 (1/02)