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	Mailing Address
622 BANYAN TRAIL BOCA RATON, FL 33431	622 BANYAN TRAIL BOCA RATON, FL 33431

2. Principal Place of Business	3. Mailing Address
3205 NW 62nd ST	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

☑ CHECK HERE IF MAKING CHANGES

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 WEINBERG & BLACK, PL
7805 SW 6th CT
City: PLANTATION 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 _____ 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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	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		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WELTMAN, JILL K 622 BANYAN TRAIL BOCA RATON, FL 33431	☒ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

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: Louis S. Weltman MGR 4-03-03 561-998-8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #