2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012352

1. Entity Name
CK ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
7800 WEST OAKLAND PARK BLVD STE. 206 SUNRISE, FL 33351	7800 WEST OAKLAND PARK BLVD STE. 206 SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number
61-1414801
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SINAGRA, FRANK J
ONE FINANCIAL PLAZA STE. 1900
FORT LAUDERDALE, FL 33394

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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

000001180697
01/14/05-80017-002 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SKOLNICK, KEITH
STREET ADDRESS	7800 WEST OAKLAND PARK BLVD STE. 206
CITY ST ZIP	SUNRISE, FL 33351
TITLE	MGR
NAME	ROUS, STANLEY
STREET ADDRESS	7800 WEST OAKLAND PARK BLVD STE. 206
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	MGR
NAME	FELDMAN, MARK
STREET ADDRESS	7800 WEST OAKLAND PARK BLVD STE. 206
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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)(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: _____ 1/6/05 954 741 5555
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #