

**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 7800 WEST OAKLAND PARK BLVD STE. 206 SUNRISE, FL 33351	Mailing Address 7800 WEST OAKLAND PARK BLVD STE. 206 SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE



01042005 No 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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**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 _____ (NOTE: Registered Agent signature required when renouncing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

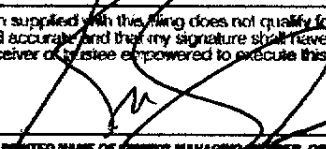
**Filing Fee is \$50.00
Due by May 1, 2005**

1100000180697
01/14/05-80017-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SKOLNICK, KEITH 7800 WEST OAKLAND PARK BLVD STE. 206 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROUS, STANLEY 7800 WEST OAKLAND PARK BLVD STE. 206 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FELDMAN, MARK 7800 WEST OAKLAND PARK BLVD STE. 206 SUNRISE, FL 33351
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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 of 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 CURRENT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #