

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000020056**

1. Entity Name  
CKK HOLDINGS, L.L.C.



Principal Place of Business  
703 HENNIS ROAD  
WINTER GARDENS, FL 34784

Mailing Address  
703 HENNIS ROAD  
WINTER GARDENS, FL 34784



01212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-0442945

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CREEDEN, KEVIN  
703 HENNIS ROAD  
WINTER GARDEN, FL 34784

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CREEDEN, CHARLES W  
STREET ADDRESS 703 HENNIS ROAD  
CITY-ST-ZIP WINTER GARDENS, FL 34784

TITLE D  
NAME CREEDEN, KRIS  
STREET ADDRESS 17550 COBBLESTONE LANE  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D  
NAME CREEDEN, KEVIN  
STREET ADDRESS 1750 COBBLESTONE LANE  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000261857  
03/14/05-80029-023 50.00

**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)(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 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, OR AUTHORIZED REPRESENTATIVE

3/8/05

Date

407-877-2600

Daytime Phone #