

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90271 010 \*\*\*\*50.00

0006724

**DOCUMENT # L02000024482**

1. Entity Name  
**CKC INVESTMENTS, L.L.C.**



Principal Place of Business <b>1105 CAPE CORAL PARKWAY EAST          SUITE C          CAPE CORAL FL 33904</b>	Mailing Address <b>1105 CAPE CORAL PARKWAY EAST          SUITE C          CAPE CORAL FL 33904</b>
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2. Principal Place of Business <b>3211 Manatee Drive</b>	3. Mailing Address <b>1318 Lafayette St.</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>St. James City, FL</b>	City & State <b>Cape Coral, FL</b>
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Zip <b>33956</b>	Country <b>US</b>	Zip <b>33904</b>	Country <b>US</b>
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4. FEI Number <b>51-0427976</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
~~SCHUTT, DATRIN R ESQ.~~  
~~1105 CAPE CORAL PARKWAY EAST~~  
~~SUITE C~~  
~~CAPE CORAL FL 33904~~

7. Name and Address of New Registered Agent  
 Name **Thomas W. Hill**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1318 Lafayette St.**  
 City **Cape Coral, FL** Zip Code **33904**

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 Thomas W Hill DATE **4-28-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GESSMAN, DONALD <del>1105 CAPE CORAL PARKWAY EAST CAPE CORAL FL 33904</del></b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GESSMAN, AMY <del>1105 CAPE CORAL PARKWAY EAST CAPE CORAL FL 33904</del></b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Gessmann, Donald 3211 Manatee Drive St. James City, FL 33956</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Gessmann, Amy 3211 Manatee Drive St. James City, FL 33956</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED DATE **4/28/03** DAYTIME PHONE # **239-549-2444**

CR2E083 (10/02)