

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90076 010 \*\*\*\*50.00

**DOCUMENT # L02000033315**

**1. Entity Name**  
**CK AT CORAL REEF, LLC**



**Principal Place of Business**  
**15053-A S DIXIE HIGHWAY**  
**MIAMI, FL 33176**

**Mailing Address**  
**10800 BISCAYNE BLVD., SUITE 820**  
**NORTH MIAMI, FL 33161**

60008341



01282005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3767592 20-0420360	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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

**DE BERDOUARE, CHRISTIAN MAHE**  
**10800 BISCAYNE BLVD., SUITE 820**  
**NORTH MIAMI, FL 33161**

**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 reinstating) DATE

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>DE BERDOUARE, CHRISTIAN MAHE</b> <b>10800 BISCAYNE BLVD., SUITE 820</b> <b>NORTH MIAMI, FL 33161</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>SCOTTO, MARIA</b> <b>10800 BISCAYNE BLVD., SUITE 820</b> <b>NORTH MIAMI, FL 33161</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ **2/1/05 305-892-7878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20008341

#L020000 3335

Street Address

10800 BISCAYNE BLVD., SUITE 820

City, State

NORTH MIAMI, FL

Zip Code & Country

33161

Title

MGRM

Managing Member/Manager Signature DE BERDOUARE CHRISTIAN MAHE

Continue

Start Over

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**ATTACHMENT**  
20008241**Division of Corporations****Annual Report**

The following is a review of the changes you are making for the filing of your Annual Report. Please verify the information for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

**Document Number** L02000033315  
**Business Entity Name** CK AT CORAL REEF, LLC  
**FEI Number** 593767592  
**FEI Number Status** Current  
**Certificate of Status Desired** No

**Principal Place of Business**

**Address** 15053-A S DIXIE HIGHWAY  
**Suite, Apt. #, etc.**  
**City, State** MIAMI, FL  
**Zip Code & Country** 33176

**Mailing Address**

**Address** 10800 BISCAYNE BLVD., SUITE 820  
**Suite, Apt. #, etc.**  
**City, State** NORTH MIAMI, FL  
**Zip Code & Country** 33161

**Name And Address of Registered Agent**

**Name (Last, First, Middle, Title)** DE BERDOUARE, CHRISTIAN MAHE  
**Address** 10800 BISCAYNE BLVD., SUITE 820  
**Suite, Apt. #, etc.**  
**City, State** NORTH MIAMI, FL  
**Zip Code & Country** 33161 US  
**Registered Agent Signature** DE BERDOUARE CHRISTIAN MAHE

**Managing Member/Manager Name And Address**

**Title** MGRM  
**Name (Last, First, Middle, Title)** DE BERDOUARE, CHRISTIAN MAHE  
**Street Address** 10800 BISCAYNE BLVD., SUITE 820  
**City, State** NORTH MIAMI, FL  
**Zip Code & Country** 33161  
**Title** MGRM  
**Name (Last, First, Middle, Title)** SCOTTO, MARIA