

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000005888	
1. Entity Name CGK PROPERTIES, L.L.C.	

Principal Place of Business 638 NW CLUBVIEW CIR LAKE CITY FL 32055	Mailing Address 638 NW CLUBVIEW CIR LAKE CITY FL 32055
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	OR2E083 (10/07)
4. FEI Number 72-1553728	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
KEITH, CHARLES G 638 NW CLUBVIEW CIR LAKE CITY FL 32055	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM ☐ Delete
NAME	KEITH, CHARLES G
STREET ADDRESS	638 NW CLUBVIEW CIR
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	MGRM ☐ Delete
NAME	KEITH, CHARLES G II
STREET ADDRESS	638 NW CLUBVIEW CIR
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000797328
01/29/08-80069-007 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Charles G. Keith* **CHARLES G. KEITH** *1-23-08* **386-752-6921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #