

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006811

FILED
Jun 30, 2005
Secretary of State

Entity Name: CKS ENTERPRISES, L.L.C.

Current Principal Place of Business:

1696 N. HERCULES AVE.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

1696 N. HERCULES AVE.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 06-1687987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KUNNEN, GUY P
1696 N. HERCULES AVE.
CLEARWATER, FL 33765 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUNNEN, GUY P
Address: 1696 N. HERCULES AVE.
City-St-Zip: CLEARWATER, FL 33765

Title: MGRM () Delete
Name: SPENCER, STEPHEN J
Address: 1696 N. HERCULES AVE.
City-St-Zip: CLEARWATER, FL 33765

Title: MGRM () Delete
Name: CHAVIS, FRANK R
Address: 1696 N. HERCULES AVE.
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GUY P. KUNNEN

MGR

06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date