


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Mar 26, 2007 08:00 AM**  
**Secretary of State**

|                                     |   |
|-------------------------------------|---|
| <b>DOCUMENT #</b> L03000020201      |  |
| <b>1. Entity Name</b><br>C & K, LLC |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>705 SOUTH HARBOR CITY BLVD.<br>MELBOURNE FL 32901 | <b>Mailing Address</b><br>705 SOUTH HARBOR CITY BLVD.<br>MELBOURNE FL 32901 |
|---|---|



|   |         |                           |         |
|---|---------|---------------------------|---------|
| <b>2. Principal Place of Business - No P.O. Box #</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                                   |         | Suite, Apt. #, etc.       |         |
| City & State  |         | City & State              |         |
| Zip   | Country | Zip                       | Country |

1st MOORE CR2E083 (10/06)

|  |  |   |
|--|--|---|
| <b>4. FEI Number</b><br>20-0130959                               |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$5.00 Additional Fee Required</b>                         |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>DEAN MEAD SERVICES, LLC<br>800 NORTH MAGNOLIA AVE, STE. 1500<br>ORLANDO FL 32803 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |  |
|--|--|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | MGRM<br>ROMANDETTI, CHRIS C<br>705 S HARBOR CITY BLVD.<br>MELBOURNE FL 32901 <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000678339<br>04/02/07-80029-007 50.00 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/22/07

321-725-0000