


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000022632		
1. Entity Name CK AT WESTON, LLC		

FILED
04 OCT 18 PM 4:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 10800 BISCAYNE BLVD., SUITE 820 BAYSHORE EXECUTIVE PLAZA NORTH MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BLVD., SUITE 820 BAYSHORE EXECUTIVE PLAZA NORTH MIAMI, FL 33161
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10122004	REIN-LLC	CR2E101 (6/04)	10/18
4. FEI Number 59-3767592		Applied For <input type="checkbox"/> Not Applicable	

6. Name and Address of Current Registered Agent MAHE DE BERDOUARE, CHRISTIAN 10800 BISCAYNE BLVD., SUITE 820 BAYSHORE EXECUTIVE PLAZA NORTH MIAMI, FL 33161	
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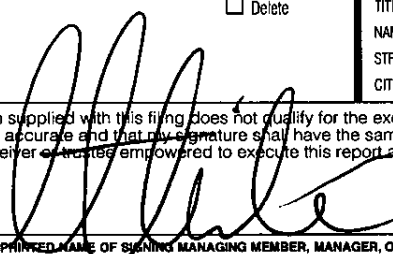
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHE DE BERDOUARE, CHRISTIAN 10800 BISCAYNE BLVD., SUITE 820 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTTO, MARIA 10800 BISCAYNE BLVD., SUITE 820 NORTH MIAMI, FL 33161 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 504125902339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 24/26/04 90060 036 \$50.00
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 checked="" type="checkbox"/> Addition REINSTATEMENT 2004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition no penalty fees
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: 	Date _____ Daytime Phone # _____