



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90014 035 \*\*\*\*50.00

<b>DOCUMENT # L04000006587</b> 1. Entity Name <b>CEK LLC</b>			
Principal Place of Business <b>777 S. HARBOUR ISLAND BLVD, STE 360 TAMPA, FL 33602 US</b>		Mailing Address <b>1447 MEYER LANE TARPON SPRINGS, FL 34688 US</b>	
2. Principal Place of Business <b>1410 Lake Tarpon Ave</b> Suite, Apt. #, etc. <b>SUITE E</b> City & State <b>Tarpon Springs, FL</b> Zip <b>34688</b> Country <b>USA</b>		3. Mailing Address <b>1410 Lake Tarpon Ave</b> Suite, Apt. #, etc. <b>SUITE E</b> City & State <b>Tarpon Springs, FL</b> Zip <b>34688</b> Country <b>USA</b>	
			
		01052006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number <b>20-0661269</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRONSON, MICHAEL L 777 S. HARBOUR ISLAND BLVD, STE 360 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name <b>Michael Bronson</b> Street Address (P.O. Box Number is Not Acceptable) <b>1410 Lake Tarpon Ave.</b> <b>SUITE E.</b> City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34688</b>	
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 <b>Michael Bronson</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/18/06</b>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR	TITLE	MGR
NAME	BRONSON, MICHAEL L	NAME	Michael Bronson
STREET ADDRESS	1447 MEYER LANE	STREET ADDRESS	1410 Lake Tarpon Ave
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	CITY-ST-ZIP	Tarpon Springs, FL 34688
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <b>Michael Bronson</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>MICHAEL BRONSON</b>		Date <b>4/18/06</b> Daytime Phone #	