


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000011720**  
 1. Entity Name  
**CK INTEGRATION LLC**



Principal Place of Business  
**1425 THOREAU ST  
 TITUSVILLE, FL 32780**

Mailing Address  
**1425 THOREAU ST  
 TITUSVILLE, FL 32780**



04152009 No Chg-LLC CR2E083 (11/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0742815**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KINKER, CHARLES E  
 1425 THOREAU ST  
 TITUSVILLE, FL 32780**

**DO NOT WRITE IN THIS SPACE**

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 registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

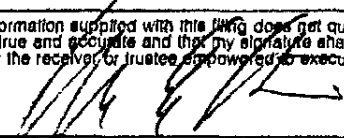
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINKER, CHARLES E 1425 THOREAU ST TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPRINGER, CAROL 1425 THOREAU ST TITUSVILLE, FL 32780
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 05/25/06-80005-019 50.00

**DO NOT WRITE IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:**  **5/01/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #