2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035808

1. Entity Name
CMK ACQUISITIONS, LLC

Principal Place of Business	Mailing Address
1998 SE 17 COURT POMPANO BEACH, FL 33062	1998 SE 17 COURT POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

02252006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1217377
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASEY-STEFFINE, KIM
1998 SE 17 COURT
POMPANO BEACH, FL 33062

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STEFFINE, MARK
STREET ADDRESS	1998 SE 17 COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	CASEY-STEFFINE, KIM
STREET ADDRESS	1998 SE 17 COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	OSTROW, MICHAEL
STREET ADDRESS	1998 SE 17 COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	OSTROW, CYNTHIA
STREET ADDRESS	1998 SE 17 COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/06-80061-002 50.00

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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: Lyn Casey Steffine 2/24/06 (954) 309-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #