

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

05-12-2005 90030 014 ****50.00

DOCUMENT # L04000035957 1. Entity Name CK INVESTMENTS HOLDINGS, LLC					
Principal Place of Business 7960 NW 156 TERRACE MIAMI, FL 33016			Mailing Address 7960 NW 156 TERRACE MIAMI, FL 33016		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1135827	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MORENO, CARLOS 7960 NW 156 TERRACE MIAMI, FL 33016			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORENO, CARLOS 7960 NW 156 TERRACE MIAMI, FL 33016	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARLES, MERCEDES 7960 NW 156 TERRACE MIAMI, FL 33016	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORENO, CARLOS A 7960 NW 156 TERRACE MIAMI, FL 33016	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORENO, MARIA A 7960 NW 156 TERRACE MIAMI, FL 33016	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORENO, MARIA A 7960 NW 156 TERRACE MIAMI, FL 33016	☐ Delete			
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 3-31-05					
Daytime Phone #					

30009994



03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1135827

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORENO, CARLOS
7960 NW 156 TERRACE
MIAMI, FL 33016

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	MORENO, CARLOS		STREET ADDRESS		
CITY - ST - ZIP	7960 NW 156 TERRACE MIAMI, FL 33016		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARLES, MERCEDES		NAME		
STREET ADDRESS	7960 NW 156 TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33016		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORENO, CARLOS A		NAME		
STREET ADDRESS	7960 NW 156 TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33016		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORENO, MARIA A		NAME		
STREET ADDRESS	7960 NW 156 TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33016		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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SIGNATURE:

3-31-05 305 362/432

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

Date

Daytime Phone #