2005 LIMITED LIABILITY COMPANY

SIGNATURE:

Feb 08, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L04000049803** 02-08-2005 90076 014 ****50.00 CK AT CORAL GABLES, LLC Principal Place of Business Mailing Address 10800 BISCAYNE BLVD, STE 820 10800 BISCAYNE BLVD, STE 820 NORTH MIAMI, FL 33161-7482 NORTH MIAMI, FL 33161-7482 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Cha-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Country Ζip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DE BERDOUARE, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD, STE 820 NORTH MIAMI, FL 33161-7482 City 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 Spriature, typed or printed semi-of registered agent and title if applicable. DATE (NOTE: Pegistered Agent aignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9 TITLE MΠF ☐ Change ☐ Addition Detete DE BERDOUARE, CHRISTIAN NAME NAME 10800 BISCAYNE BLVD, STE 820 STREET ADORESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 331617482 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TIRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DTY-ST-719 CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Floride 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 regiever of trustee empowered to execute this eport as required by Chapter 608, Florida Statutes.

NTED HAME OF SKRING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

ATTACHMENT 20008337

Division of Corporations

Annual Report

The following is a review of the changes you are making for the filing of your Annual Report. Please verify the information for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

Document Number

L04000049803

Business Entity Name

CK AT CORAL GABLES, LLC

FEI Number

201385138

FEI Number Status

Current

Certificate of Status Desired No

Principal Place of Business

Address

10800 BISCAYNE BLVD, STE 820

Suite, Apt. #, etc.

City, State

NORTH MIAMI, FL

Zip Code & Country 331617482

Mailing Address

Address

10800 BISCAYNE BLVD, STE 820

Suite, Apt. #, etc.

City, State

NORTH MIAMI, FL

Zip Code & Country 331617482

Name And Address of Registered Agent

Name (Last, First, Middle, Title) DE BERDOUARE, CHRISTIAN

Address

10800 BISCAYNE BLVD, STE 820

Suite, Apt. #, etc.

City, State

NORTH MIAMI, FL

Zip Code & Country

331617482 US

Registered Agent Signature

DE BERDOUARE CHRISTIAN

Managing Member/Manager Name And Address

Title

MGRM

Name (Last, First, Middle, Title) DE BERDOUARE, CHRISTIAN

Street Address

10800 BISCAYNE BLVD, STE 820

City, State

NORTH MIAMI, FL

Zip Code & Country

331617482

MGRM

Managing Member/Manager Signature DE BERDOUARE CHRISTIAN