

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087435

Entity Name: C.K.C.M.S. GROUP, LLC.

FILED
Sep 05, 2006
Secretary of State

Current Principal Place of Business:

3006 AVIATION AVENUE
SUITE 2A
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3006 AVIATION AVENUE
SUITE 2A
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLORIDA CORPORATE SERVICES, LLC.
3006 AVIATION AVENUE
SUITE 2A
COCONUT GROVE, FL 33133 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: F.C. INVESTMENTS, LL, C.
Address: 18956 S.W. 33RD COURT
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGRM () Delete
Name: SCATES, RON
Address: 3006 AVIATION AVENUE, SUITE 2A
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: MGRM () Delete
Name: KAMKOFF, GEORGE
Address: 3006 AVIATION AVENUE, SUITE 2A
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: MGRM () Delete
Name: MARTINEZ-MAVELLAN, CARLOS
Address: 3006 AVIATION AVENUE, SUITE 2A
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: MGRM () Delete
Name: CASTRO, ALEXIS
Address: 3006 AVIATION AVENUE, SUITE 2A
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: MGRM () Delete
Name: CATALE, ANTONIO
Address: 3006 AVIATION AVENUE, SUITE 2A
City-St-Zip: COCONUT GROVE, FL 33133 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RON SCATES

MGRM

09/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date