

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-22-2006 90295 007 ****50.00

DOCUMENT # L05000009741

1. Entity Name

CK LAND COMPANY, LLC



Principal Place of Business

2150 GOODLETTE ROAD NORTH, SUITE 700
NAPLES FL 34102

Mailing Address

2150 GOODLETTE ROAD NORTH, SUITE 700
NAPLES FL 34102

2. Principal Place of Business

436 BAYFRONT PLACE

Suite, Apt. #, etc.

3. Mailing Address

436 BAYFRONT PLACE

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102-6454

Country

USA

Zip

34102-6454

Country

USA

4. FEI Number

20-2262964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIDER, CRAIG D
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34102

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME STONEBURNER, KEVIN L
STREET ADDRESS 2150 GOODLETTE ROAD NORTH, SUITE 700
CITY-ST-ZIP NAPLES FL 34102

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 436 BAYFRONT PLACE
CITY-ST-ZIP NAPLES, FL 34102-6454

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #