2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052118

Entity Name: C.K., LLC

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business:

C/O BANK OF FLORIDA TRUST COMPANY 1185 IMMOKALEE ROAD, ATTN: JULIE HUSLER

NAPLES FL 34110

Current Mailing Address:

C/O BANK OF FLORIDA TRUST COMPANY 1185 IMMOKALEE ROAD, ATTN: JULIE HUSLER

NAPLES, FL 34110 UŚ

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ

C/O COX & NICI 1185 IMMOKALEE ROAD SUITE 110

NAPLES, FL 34110 US

Name and Address of New Registered Agent:

US

NICI, JAMES R ESQ. C/O COX & NICI

NAPLES, FL 34110 New Mailing Address:

NAPLES, FL 34110

1185 IMMOKALEE ROAD, SUITE 110

New Principal Place of Business:

1185 IMMOKALEE ROAD, SUITE 100

1185 IMMOKALEE ROAD. SUITE 100

C/O BANK OF FLORIDA TRUST COMPANY

C/O BANK OF FLORIDA TRUST COMPANY

NAPLES, FL 34110 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: JAMES R. NICI

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

MGR () Delete

COPHAM, DAVID L Name: Address: 1185 IMMOKALEE ROAD

City-St-Zip: NAPLES, FL 34110 US ADDITIONS/CHANGES:

Title: (X) Change () Addition

COPHAM, DAVID L Name:

Address: 11290 LONGWATER CHASE City-St-Zip: FT. MYERS, FL 33908 US

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: DAVID L. COPHAM 01/05/2007