## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Feb 27, 2006 8:00 am Secretary of State 02-03-2006 90081 026 \*\*\*\*50.00

2/3

1. Entity Name CK PROPERTIES OF SARASOTA, LLC						
Principal Place of Business 7185 N. SERENOA DRIVE	Mailing Address 7185 N. SERENOA DRIV	E	_			
SARASOTA, FL 34241	SARASOTA, FL 34241		A PREMANAN AN AANTI	Rizir Aður Aður Aður	ATIN ISTIN STRA GINA MTAR	MITE OF TRUE
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u>" " , , , , , , , , , , , , , , , , , ,</u>	01302006 C	hg-LLC	CR2E083 (11/05)	I
City & State	City & State		4. FEt Number	38249	78 A	pplied For of Applicable
Zip . Country	Zip	Country	5. Certificate of Sta	atus Desired	S5.00 Ad Fee Require	
6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Add	ress of New Re	gistered Agent	
COVINGTON, GUY F 7185 N. SERENOA DRIVE		Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA, FL 34241					<del></del>	<del></del>
		City			FL Zip Cod	ie
<ol> <li>The above named entity submits this statement the obligations of registered agent.</li> </ol>	for the purpose of changing its r	egistered office or regist	ered agent, or both, in	the State of Flor	ida. I am tamiliar with	, and accept
SIGNATURE Signature, typed or printed name of registered age	m and site if applicable. (NOTE:	Registered Agent algreture requir	ed when refristeling)		DATE	<del></del>
Filing Fee is \$50.00 Due by May 1, 2006					check payable to Department of Sta	to
9. MANAGING MEMI	BERS/MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE Ma NAME Gu STREET ADDRESS 7/8	naging Me. y F. Covington 5 N. Seronon	mber Dr	☐ Change	Addition
CITY-S1-209	☐ Delete	CITY-ST-ZP San	nasing Mer	7241	☐ Change	Addition
MAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 7/8	mae B. Kib. 4 N Secensa	De	C. create	
TITLE	Delete	TITLE	rasota FL 3	7247	☐ Change	Addition
NAME STREET ADDRESS CIFY-SI-ZIP		NAME STREET ADDRESS CITY-SI-ZIP			_ ,	<u>-</u>
TILLE NAME SIREET ADDRESS CITY-S1-2IP	- 🗔 Delota	- TITLE			Change	Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition
<ol> <li>I hereby cartify that the information supplied windicated on this report is true and accurate a limited liability company or the receiver or trus</li> </ol>	nd that my signature shalf have ti	he same legal effect as i	made under oath; that	I am a managi	ther certify that the int ing member or manag	ormation er of the
SIGNATURE: SIGNATURE AND TYPED OR PRINTED INÁME	E OF BYSHENG MANAGUNG MEMBER, MAN	AGER, OR AUTHORIZED REPRE	/ - 3	0-06	941-924-	9433



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2006

CK PROPERTIES OF SARASOTA, LLC 7185 N. SERENOA DRIVE SARASOTA, FL 34241

Subject: CK PROPERTIES OF SARASOTA, LLC

Reference Number:

L05000070623

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2006

GABRIEL, GABRIEL & RAYMOND, LLC 11380 PROSPERITY FARMS ROAD SUITE 204 PALM BEACH GARDENS, FL 33410

Subject: GABRIEL, GABRIEL & RAYMOND, LLC

Reference Number:

L05000063027

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) \*\*
number or by checking the appropriate box. If "APPLIED FOR" is preprinted in
Block 4, you MUST now provide the FEI number. A Social Security number is
not considered to be the same as the FEI number. For FEI number assistance,
call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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\* see attached