


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90122 025 \*\*\*\*50.00

DOCUMENT # L05000072201

1. Entity Name  
 C.K. INVESTMENT MANAGEMENT, L.L.C.



Principal Place of Business  
 2025 NORTH HIGHWAY A1A  
 INDIALANTIC, FL 32903

Mailing Address  
 2025 NORTH HIGHWAY A1A  
 INDIALANTIC, FL 32903

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent  
 GULATI, CHARLOTTE  
 2025 NORTH HIGHWAY A1A  
 INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent  
 Name: Gulati, Krishan  
 Street Address (P.O. Box Number is Not Acceptable): 2025 North Highway A1A  
 City: Indialantic FL Zip Code: 32903

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: Krishan G Gulati DATE: Aug 7, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 6, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULATI, KRISHAN 2025 NORTH HIGHWAY A1A INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Krishan G Gulati DATE: Aug 7, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



07132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3249609 Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required