

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029009

Entity Name: CK BLUEVIEW, LLC

FILED
Jun 21, 2007
Secretary of State

Current Principal Place of Business:

18767 BISCAYNE BOULEVARD
AVENTURA, FL 33180

New Principal Place of Business:

2750 NE 185TH STREET, 2ND FLOOR
AVENTURA, FL 33180

Current Mailing Address:

18767 BISCAYNE BOULEVARD
AVENTURA, FL 33180

New Mailing Address:

2750 NE 185TH STREET, 2ND FLOOR
AVENTURA, FL 33180

FEI Number: 20-5359739 FEI Number Applied For () 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:

M & W AGENTS, INC.
2101 CORPORATE BOULEVARD, SUITE 107
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: COHEN, ABRAHAM
Address: 19111 COLLINS AVENUE, 708
City-St-Zip: AVENTURA,, FL 33160

Title: MGRM () Change (X) Addition
Name: KAUFMAN, JERRY
Address: 19195 MYSTIC POINT DR. # 2607
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify 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: JERRY KAUFMAN

MGRM

06/21/2007

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