

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069550

Entity Name: CKM PARTNERS, LLC

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

1940 HAWAII AVENUE NE
ST. PETERSBURG, FL 33703

New Principal Place of Business:

150 BRIGHTWATERS BLVD
ST. PETERSBURG, FL 33704

Current Mailing Address:

1940 HAWAII AVENUE NE
ST. PETERSBURG, FL 33703

New Mailing Address:

150 BRIGHTWATERS BLVD
ST. PETERSBURG, FL 33704

FEI Number: 20-5196131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEBLES & MORIARTY, P.A.
1111 3RD AVENUE WEST
SUITE 210
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

MARKLEY, ROBERT D
150 BRIGHTWATERS BLVD
ST. PETERSBURG, FL 33704 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: ROBERT D. MARKLEY

02/27/2007

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: ROBERT, MARKLEY D
Address: 150 BRIGHTWATERS BLVD
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM () Change (X) Addition
Name: KRUEGER, KYLE
Address: 645 18TH AVE. NE
City-St-Zip: ST PETERSBURG, FL 33701

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: ROBERT D. MARKLEY

MGRM

02/27/2007

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