FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90009 027 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000076180

1. Entity Name
C&K INVESTMENT GROUP1 LLC

60027648

Principal Place of Business	Mailing Address
25 CARRINGTON LANE ORMOND BEACH, FL 32174	PO BOX 863 ORMOND BEACH, FL 32175
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 03-0592739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OK ~~CURTIS, VAN T~~ ~~25 CARRINGTON LANE~~ ~~ORMOND BEACH, FL 32174~~ ~~Garnett Finley B~~ * No Change Leave as "	Name: ~~Garnett, Finley B.~~ Street Address (P.O. Box Number is Not Acceptable): ~~4602 Katy Dr~~ ~~New Smyrna Bch FL 32169~~ City: FL Zip Code:

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 ______________________ DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~MGRM~~ ~~CURTIS, VAN T~~ ~~25 CARRINGTON LANE~~ ~~ORMOND BEACH, FL 32174~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR GARNETT, FINLEY B 4602 KATY DR. NEW SMYRNA BCH, FL 32169 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM Garnett, Finley B. 4602 Katy Dr New Smyrna Bch FL 32169 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: V.T. Curtis 4/18/08 386-676-0195

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