2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 06000114244



FILED Apr 03, 2007 8:00 am Secretary of State

1. Entity Name CK GYPSUM II, LLC						04-03-2007 90120 042 ****50.00				
Principal Place of Business 340 ROYAL PALM WAY, SUITE 101 PALM BEACH, FL 33480-1			Mailing Address 340 ROYAL PALM WAY, SUITE 101 PALM BEACH, FL 33480-1			ρηθοτιοο				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02062007	Chg-LLC	CR2E	(12/06)	
City & State			City & State			4. FEI Numb	-59607	37		plied For t Applicable
Zip		Country	Zip	ip Country			e of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	d Address of New R	egistered	Agent	
		ERVICES INC.	Name			(P.O. Box Numb	per is Not Acceptable	a)		
777 S. FLAGLER DRIVE, SUITE 500-E WEST PALM BEACH, FL 33401					Street Address (P.O. Box Number is Not Acceptable)					
					City			F	L Zip Code	e
	named entit		or the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. I an	n familiar with,	and accept
SIGNATURE .	Signature, typeo	or printed name of registered agent	and title if applicable. (NOT	E: Registere	 ed Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007										
Fi Di	ling Fee ue by Ma	is \$50.00 y 1, 2007	-						payable to ment of State	€
Dı	ling Fee ue by Ma	y 1, 2007	ERS/MANAGERS	10.				Bepart	ment of State	B
9. IITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR PATAPEI	MANAGING MEMBE MANAGEMENT, IN AL PALM WAY, SUITE EACH, FL 334801	Delete	TITU NAM STRI	l l		Florida	Bepart	ment of State	Addition
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Thereby certify that the information supplied with this litting does not clearly of the exceptions contained in ordanies in ordanies. Find the incommunity 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: MW WW.	3.30.07	837 8624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #