


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90034 036 \*\*\*138.75

**DOCUMENT # L07000090967**

1. Entity Name  
**CHK HOLDINGS, LLC**



Principal Place of Business <b>C/O 7000 W. PALMETTO PARK ROAD          SUITE 205          BOCA RATON, FL 33443-3 US</b>	Mailing Address <b>C/O 7000 W. PALMETTO PARK ROAD          SUITE 205          BOCA RATON, FL 33443-3 US</b>
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2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State

Zip Country

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1263689** Applied For  
 Not Applicable



6. Name and Address of Current Registered Agent

**MORRIS, STUART R ESQ.  
 7000 W. PALMETTO PARK ROAD  
 SUITE 205  
 BOCA RATON, FL 33433**

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Frank Sciamè, manager</b> <input type="checkbox"/> Delete <b>80 South Street</b> <b>New York, NY 10038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patti Beares, Manager</b> <input type="checkbox"/> Delete <b>88 Daytona St</b> <b>Atlantic Beach NY 11509</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nancy Rowe, Manager</b> <input type="checkbox"/> Delete <b>112 Ocean Ave</b> <b>Woodmere NY 11598</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** Nancy Rowe **4/23/08** **516-658-5434**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #