

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000129754

Entity Name: CZK INVESTMENTS, LLC

FILED  
Apr 05, 2011  
Secretary of State

## Current Principal Place of Business:

26 DIPLOMAT PKWAY  
SUITE 35  
HALLENDALE, FL 33009

## New Principal Place of Business:

26 DIPLOMAT PKWAY  
SUITE 35  
HALLENDALE, FL 33009 UN

## Current Mailing Address:

26 DIPLOMAT PKWAY  
SUITE 35  
HALLENDALE, FL 33009

## New Mailing Address:

26 DIPLOMAT PKWAY  
SUITE 35  
HALLENDALE, FL 33009 UN

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAROL, KILINSKY  
3160 NE 212TH TER  
AVENTURA, FL 33180 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: MGMR  
Name: CAROL, KILINSKY  
Address: 3160 NE 212TH TER  
City-St-Zip: AVENTURA, FL 33180 UN

Title: PRES  
Name: KILINSKY, CAROL  
Address: 3160 N3 212TH TER  
City-St-Zip: AVENTURA, FL 33180 UN

Title: V PR  
Name: KILINSKY, CAROL  
Address: 3160 N3 212TH TER  
City-St-Zip: AVENTURA, FL 33180 UN

Title: SEC  
Name: KILINSKY, CAROL  
Address: 3160 N3 212TH TER  
City-St-Zip: AVENTURA, FL 33180 UN

Title: TREA  
Name: KILINSKY, CAROL  
Address: 3160 N3 212TH TER  
City-St-Zip: AVENTURA, FL 33180 UN

Title: TREA  
Name: KILINSKY, CAROL  
Address: 3160 N3 212TH TER  
City-St-Zip: AVENTURA, FL 33180 UN

I hereby 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: CAROL KILINSKY

PRES

04/05/2011

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