## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 26, 2007 08:00 AM
Secretary of State

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1. Entity Name CK ADVISORS, LLC



Principal Place of Business

13899 BISCAYNE BLVD

SUITE 142 MIAMI, FL 33181 Mailing Address

13899 BISCAYNE BLVD SUITE 142

MIAMI, FL 33181



01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2420931

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KERN, ANDREW E 13899 BISCAYNE BLVD SUITE 142 MIAMI, FL 33181

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8.	The above named entity submits this statement for the purpose of changing its regis	stered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	•	
	•		

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

## Filing Fee is \$50.00 Due by May 1, 2007

<del></del>				
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR KERN, ANDREW E 13899 BISCAYNE BLVD SUITE 142 MIAMI, FL 33181			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR CHEFITZ, HAROLD N 13899 BISCAYNE BLVD SUITE 142 MIAMI, FL 33181			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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11. I hereby certify that the information supplied with this filling 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.

12/29/06 (305) 341-3444