2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 22, 2005 08:00 AM DOCUMENT # M99000000925 **Secretary of State** 1. Entity Name CK MOTORS LLC Principal Place of Business __. Mailing Address 4306 PABLO OAKS COURT _ JACKSONVILLE, FL 32224 US PO BOX 16469 US JAX, FL 32245 03172005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3580825 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR 3JTIT TOMM, CHARLIE (C.B.) NAME 4306 PABLO OAKS COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 MGR TITLE 119575000000 MARLETTE, LINDA L NAME 03/22/05-80009-011 50.00 STREET ADDRESS 4306 PABLO OAKS COURT CITY-ST-ZIP JACKSONVILLE, FL 32224 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME STREET ADDRESS CITY-ST-ZIP