

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000034232

FILED  
Apr 23, 2003  
Secretary of State

Entity Name: CFR, LLC

## Current Principal Place of Business:

1323 SE 3RD AVENUE  
C/O JOSEPH BALOCCO, P.A.  
FORT LAUDERDALE, FL 33315

## New Principal Place of Business:

PO BOX 460639  
FORT LAUDERDALE, FL 33316 US

## Current Mailing Address:

1323 SE 3RD AVENUE  
C/O JOSEPH BALOCCO, P.A.  
FORT LAUDERDALE, FL 33315

## New Mailing Address:

PO BOX 460639  
FORT LAUDERDALE, FL 33316

FEI Number: 14-1871013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROSENBERG, CHRISTIAN F  
1323 SE 3RD AVENUE  
C/O JOSEPH BALOCCO, P.A.  
FORT LAUDERDALE, FL 33315

## Name and Address of New Registered Agent:

ROSENBERG, CHRISTIAN F  
2100 S OCEAN DRIVE  
#9J  
FORT LAUDERDALE, FL 33316

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:

04/23/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ROSENBERG, CHRISTIAN F  
Address: 1323 SE 3RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33315

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ROSENBERG, CHRISTIAN F  
Address: 2100 S OCEAN DRIVE, #9J  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTIAN F. ROSENBERG

MGRM

04/23/2003

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