


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000019320**

1. Entity Name  
**CF GREENWAY, LLC**



Principal Place of Business  
**1000 LEGION PLACE, SUITE 1700  
 ORLANDO, FL 32801**

Mailing Address  
**C/O W. CHARLES SHUFFIELD, ESQ  
 1000 LEGION PLACE, SUITE 1700  
 ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1048528</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHUFFIELD, W. CHARLES ESQ  
 1000 LEGION PLACE, SUITE 1700  
 ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHUFFIELD, W. CHARLES 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUNT, H. MAXWELL 12450 KIRBY SMITH ROAD ORLANDO, FL 32832
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 05/02/07-80066-005 50.00

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 *W. Charles Shuffield* **4/19/07** **407 581 9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #