

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062110

Entity Name: CF LAND HOLDINGS, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

8895 NORTH MILITARY TRAIL
SUITE 201B
PALM BEACH GARDENS,, FL 33410 US

Current Mailing Address:

8895 NORTH MILITARY TRAIL
SUITE 201B
PALM BEACH GARDENS,, FL 33410 US

New Principal Place of Business:

1555 PALM BEACH LAKES BLVD
SUITE 1002
WEST PALM BEACH, FL 33401 US

New Mailing Address:

1555 PALM BEACH LAKES BLVD
SUITE 1002
WEST PALM BEACH, FL 33401 US

FEI Number: 20-3048287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECCLESTONE, E. LLWYD III
8895 NORTH MILITARY TRAIL
SUITE 201B
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ECCLESTONE, E. LLWYD III
1555 PALM BEACH LAKES BLVD
SUITE 1002
WEST PALM BEACH, FL 33410 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ECCLESTONE, E. LLWYD III
Address: 8895 NORTH MILITARY TRAIL, STE 201B
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGR () Delete
Name: SCHOELER, AL
Address: 8895 N MILITARY TRAIL 201B
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR (X) Delete
Name: PIRETTI, ROSANNE
Address: 8895 N MILITARY TRAIL 201B
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR (X) Delete
Name: PIERCE, MARY
Address: 8895 N MILITARY TRAIL SUITE 201B
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ECCLESTONE, E. LLWYD III
Address: 1555 PALM BEACH LAKES BLVD SUITE 1002
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR (X) Change () Addition
Name: PIERCE, MARY
Address: 1555 PALM BEACH LAKES BLVD SUITE 1002
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARY PIERCE

MGR

04/20/2009

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