

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067739

Entity Name: CFH INVESTORS, LLC

FILED  
Feb 29, 2008  
Secretary of State

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE, STE. 601  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

6340 SUNSET DRIVE  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

201 ALHAMBRA CIRCLE, STE. 601  
CORAL GABLES, FL 33134

**New Mailing Address:**

6340 SUNSET DRIVE  
SOUTH MIAMI, FL 33143

FEI Number: 20-3145571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE, STE. 601  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

JULIO C. MARRERO & ASSOC., P.A.  
C/O EQRAMUL I. CHOWDHURY, JD  
2903 SALZEDO ST., PENTHOUSE ONE  
CORAL GABLES, FL 33143 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: EQRAMUL I. CHOWDHURY

02/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FIELDSTONE, RONALD R  
Address: 201 ALHAMBRA CIR #601  
City-St-Zip: CORAL GABLES, FL 33184

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CABRERIZO, TOMAS  
Address: 6340 SUNSET DRIVE  
City-St-Zip: SOUTH MIAMI, FL 33143

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: TOMAS CABRERIZO

MGR

02/29/2008

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