2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000724

Address:

City-St-Zip:

Entity Name: CFS OF FT. WALTON, FL, L.L.C.

FILED Jan 03, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RY ESTHER CU /ALTON BEACH	TOFF, SUITE C H, FL 32548			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	RY ESTHER CU /ALTON BEACH	TOFF, SUITE C H, FL 32548			
FEI Numbe	er: 36-4291338	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name ar	nd Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1201 HA	OCUMENT SEF YS STREET ASSEE, FL 323				
	ve named entity ate of Florida.	submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both	
SIGNATI	URE:				
	Electro	nic Signature of Registered Ager	t	Date	
MANAGIN	G MEMBERS/MAN	AGERS:	ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name:	,) Delete INANCIAL S, ERVICES CORPOR A TIO	Title: N Name:	() Change () Addition	

Address:

City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 BOWERS, GLORIA A
 Name:

 Address:
 428 MARY ESTHER CUTOFF, SUITE C
 Address:

 City-St-Zip:
 FORT WALTON BEACH, FL 32548
 City-St-Zip:

509 S GREEN BAY RD

WAUKEGAN, IL 60085

I hereby certify that the information supplied with this filing does not qualify for the 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: GLORIA BOWERS MGR 01/03/2007