


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90164 047 ****50.00

DOCUMENT # L00000001338
 1. Entity Name
C.F. ENTERPRISES, L.L.C.




Principal Place of Business Mailing Address
 6748 WILLOW WOOD DRIVE, UNIT 1304 6748 WILLOW WOOD DRIVE, UNIT 1304
 BOCA RATON FL 33434 BOCA RATON FL 33434

2. Principal Place of Business 3. Mailing Address
P.O. Box 273205 **P.O. Box 273205**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boca Raton, FL **Boca Raton, FL**
 Zip Country Zip Country
33427 **U.S.** **33427** **U.S.**

20011154



1st MOORE CR2E083 (10/04)

4. FEI Number Applied For
65-0981822 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD., STE 350-N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
 Name **Craig Forman**
 Street Address (P.O. Box Number is Not Acceptable)
6600 SW 39th Street
clo Leasing Office
 City **Davie** FL Zip Code **33314**

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 *Craig Forman* DATE **2-9-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	FORMAN, CRAIG E	
STREET ADDRESS	6748 WILLOW WOOD DRIVE, UNIT 1304	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FORMAN, MEL	
STREET ADDRESS	6748 WILLOW WOOD DRIVE, UNIT 1304	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Forman	
STREET ADDRESS	P.O. Box 273205	
CITY-ST-ZIP	Boca Raton, FL 33427	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Craig Forman* DATE **2-9-05** DAYTIME PHONE # **561-445-8090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #