

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006447

FILED
Feb 28, 2007
Secretary of State

Entity Name: C & F PROPERTIES, LLC

Current Principal Place of Business:

3211 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3211 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1104406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOVLUK, LYNN
3211 PONCE DE LEON 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILTON, CECIL
Address: 3211 PONCE DE LEON BLVD #301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: MILTON, FRANK
Address: 3211 PONCE DE LEON BLVD #301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: BARKER, REX M
Address: 3211 PONCE DE LEON BLVD #301
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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 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: CECIL MILTON

MGR

02/28/2007

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