



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000003550</b> 1. Entity Name <b>CFRA, LLC</b>						  03092005 Chg-LLC CR2E083 (10/03)			
Principal Place of Business <b>CORPORATE CENTER THREE AT INTL. PLAZA 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736</b>		Mailing Address <b>P.O. BOX 3239 TAMPA, FL 33601-3239</b>							
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable			
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent  <b>WINDERS, PETER J CORPORATE CENTER THREE AT INTL. PLAZA 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City				State: <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM <b>CARLTON FIELDS, P.A.</b> <input type="checkbox"/> Delete <b>777 S. HARBOUR ISLAND BLVD., 5TH FL TAMPA, FL 336025730</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM <b>CARLTON FIELDS, P.A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300048498543 03/16/05--01007--016 **50.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.									
<b>SIGNATURE:</b> 				Peter J. Winders		3/9/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>		(813) 223-7000 <small>Daytime Phone #</small>			