


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003550 1. Entity Name CFRA, LLC	
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Principal Place of Business CORPORATE CENTER THREE AT INTL. PLAZA 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736	Mailing Address P.O. BOX 3239 TAMPA, FL 33601-3239
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DO NOT WRITE IN THIS SPACE

2006 MAR 29 AM 8:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WINDERS, PETER J
 CORPORATE CENTER THREE AT INTL. PLAZA
 4221 W. BOY SCOUT BLVD., 10TH FLOOR
 TAMPA, FL 33607-5736

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CARLTON FIELDS, P.A. 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **PRESIDENT** Date **MARCH 27, 2006**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # **813 229-4208**

**DEPARTMENT OF STATE
FILING COVER SHEET**

Date: 3/29/06

Requestor Name: Carlton Fields

2006 MAR 29 AM 8:21

Address: Post Office Box 190
Tallahassee, Florida 32302

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (x5261)

Corporation Name: CFRA, LLC

Entity Number: LO2000003550

Authorization: Kim Pullen

Certified Copy Plain Copy Judgment Lien Certificate of Status
 Call When Ready Call if Problem Walk In

<input checked="" type="checkbox"/>	NEW FILINGS/OTHER FILINGS	<input checked="" type="checkbox"/>	AMENDMENTS/REGISTRATION/ QUALIFICATION
	PROFIT		AMENDMENT
	NONPROFIT		RESIGNATION OF R.A., OFFICER/DIRECTOR
	LIMITED LIABILITY		CHANGE OF REGISTERED AGENT
	DOMESTICATION		DISSOLUTION/WITHDRAWAL
	OTHER		MERGER
<input checked="" type="checkbox"/>	ANNUAL REPORT		FOREIGN CORPORATION
	FICTITIOUS NAME		LIMITED PARTNERSHIP
	NAME RESERVATION		REINSTATEMENT
			TRADEMARK
			OTHER

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 DEPT. OF CORPORATION