

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000003550</b> 1. Entity Name CFRA, LLC			<b>FILED</b> <b>07 JAN 16 PM 2:20</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA																																								
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																																									
<b>DO NOT WRITE IN THIS SPACE</b>		 01032007 No Chg-LLC      CR2E083 (11/05)																																									
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		<b>DO NOT WRITE IN THIS SPACE</b>																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		600085646886 01/23/07--01006--011      **50.00 <small>DATE</small>																																									
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>CARLTON FIELDS, P.A.</td></tr><tr><td>STREET ADDRESS</td><td>4221 W. BOY SCOUT BLVD., 10TH FLOOR</td></tr><tr><td>CITY-ST-ZIP</td><td>TAMPA, FL 336075736</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	CARLTON FIELDS, P.A.	STREET ADDRESS	4221 W. BOY SCOUT BLVD., 10TH FLOOR	CITY-ST-ZIP	TAMPA, FL 336075736	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Peter J. Winders      1/12/07 813-223-7000 <small>Date      Daytime Phone #</small>																																									