

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003550

Entity Name: CFRA, LLC

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

CORPORATE CENTER THREE AT INTL. PLAZA
4221 W. BOY SCOUT BLVD., 10TH FLOOR
TAMPA, FL 336075736

Current Mailing Address:

P.O. BOX 3239
TAMPA, FL 336013239

New Principal Place of Business:

CORPORATE CENTER THREE AT INTL. PLAZA
4221 W. BOY SCOUT BLVD., STE. 1000
TAMPA, FL 336075736 US

New Mailing Address:

P.O. BOX 3239
TAMPA, FL 336013239 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

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 336075736 US

Name and Address of New Registered Agent:

WINDERS, PETER J
CORPORATE CENTER THREE AT INTL. PLAZA
4221 W. BOY SCOUT BLVD., STE. 1000
TAMPA, FL 336075736 US

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:

04/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARLTON FIELDS, P.A.,
Address: 4221 W. BOY SCOUT BLVD., 10TH FLOOR
City-St-Zip: TAMPA, FL 336075736

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARLTON FIELDS, P.A.,
Address: 4221 W. BOY SCOUT BLVD., STE. 1000
City-St-Zip: TAMPA, FL 336075736

I hereby certify that the information supplied with this filing does not qualify 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: PETER J. WINDERS

MGRM

04/18/2008

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