2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L02000004978

Entity Name: CFA LLC

Current Principal Place of Business:

1800 W. BROWARD BLVD
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

1800 W. BROWARD BLVD
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 01-0711897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STREMPACK, GUY T
1800 W. BROWARD BLVD
FORT LAUDERDALE, FL 33312 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:	MGRM	( ) Delete
Name:	FIRST AMERICAN TELEC, OMMUNICATION C O RP.	
Address:	1800 W. BROWARD BLVD	
City-St-Zip:	FORT LAUDERDALE, FL 33312 US	
Title:	MGRM	( ) Delete
Name:	COMMERCIAL PAY PHONE, S, INC.	
Address:	8510 NW 56 STREET	
City-St-Zip:	MIAMI, FL 33166 US	
Title:	CEO	( ) Delete
Name:	KLIGMANN, EUGENE	
Address:	8510 NW 56TH STREET	
City-St-Zip:	MIAMI, FL 33166	

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: EUGENE W. KLIGMANN CEO 01/09/2007

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