


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000020923  
 1. Entity Name  
 CAMBRIDGE FINANCE, LLC



Principal Place of Business  
 6394 VIA ROSA  
 BOCA RATON, FL 33433

Mailing Address  
 6394 VIA ROSA  
 BOCA RATON, FL 33433

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0027033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HEINERMANN, THEODORE J  
 BUTZEL LONG, P.C.  
 1200 N FEDERAL HWY, STE 420  
 BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

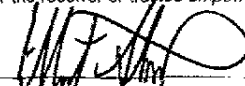
00000604436  
 01/29/07-80052-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STONE, ELLIOT 6394 VIA ROSA BOCA RATON, FL 33433
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**DO NOT WRITE IN THIS SPACE**

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:  DATE: 1/22/07 DAYTIME PHONE #: 561-447-7689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE