2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 14, 2006 8:00 am **Secretary of State** 02-14-2006 90018 023 ****50.00 **DOCUMENT # L02000028901** 1. Entity Name "CFMT OF FLA L.L.C." Mailing Address Principal Place of Business 2033 MAIN STREET STE. 600 SARASOTA/FL 34237 2033 MAIN STREET STE: 600 SARASOTA, FL 34227 AN 13(UD 703 SARAS 3100 NOC IT ZARRENDOLE Th CR2E083 (11/05) 01122006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0807706 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent TRED M CUMPY MYERS, TROY H DO NOT WRITE 2033 MAIN STREET STE. 600 3100 NOCE AN BIVD SARASOTA, FL 34237 #703 77 Lauderdole 76 33308 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 a SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE 3.7 CUPPY, FRED M NAME 2033 MAIN STREET STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 employeered to execute this report as required by Chapter 608, Florida Statutes.

BER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP

FILED