
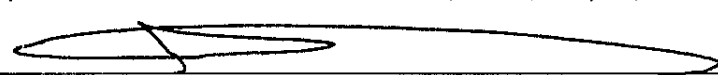


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| DOCUMENT # L03000004041                                                                                                                                                                                                       |                                      |                     |                                                                    |                |                                                                   |  |
| 1. Entity Name<br><b>C.M. HOLDINGS, L.L.C.</b>                                                                                                                                                                                |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
| Principal Place of Business<br>11031 REDHAWK STREET<br>PLANTATION, FL 33324                                                                                                                                                   |                                      |                     | Mailing Address<br>11031 REDHAWK STREET<br>PLANTATION, FL 33324    |                                                                                                 |                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                                      | 3. Mailing Address  |                                                                    |                                                                                                 |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                      | Suite, Apt. #, etc. |                                                                    |                                                                                                 |                                                                   |  |
| City & State                                                                                                                                                                                                                  |                                      | City & State        |                                                                    | 02142008    Chg-LLC    CR2E083 (12/06)                                                          |                                                                   |  |
| Zip                                                                                                                                                                                                                           |                                      | Country             |                                                                    | 4. FEI Number<br><b>41-2080232</b>                                                              |                                                                   |  |
| Zip                                                                                                                                                                                                                           |                                      | Country             |                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                                      |                     |                                                                    | 7. Name and Address of New Registered Agent                                                     |                                                                   |  |
| YANG, JAMES T<br>11031 REDHAWK STREET<br>PLANTATION, FL 33324                                                                                                                                                                 |                                      |                     |                                                                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                              |                                                                   |  |
|                                                                                                                                                                                                                               |                                      |                     |                                                                    | FL    Zip Code                                                                                  |                                                                   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____                                                                                                                                    |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                           |                                      |                     | <b>Make check payable to</b><br><b>Florida Department of State</b> |                                                                                                 |                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                  |                                      |                     |                                                                    | 10. ADDITIONS/CHANGES                                                                           |                                                                   |  |
| TITLE                                                                                                                                                                                                                         | MGRM <input type="checkbox"/> Delete |                     |                                                                    | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                          | YANG, JAMES T                        |                     |                                                                    | NAME                                                                                            | U000000831421<br>02/27/08 00010-010 138.75                        |  |
| STREET ADDRESS                                                                                                                                                                                                                | 11031 REDHAWK STREET                 |                     |                                                                    | STREET ADDRESS                                                                                  |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | PLANTATION, FL 33324                 |                     |                                                                    | CITY-ST-ZIP                                                                                     |                                                                   |  |
| TITLE                                                                                                                                                                                                                         | MGRM <input type="checkbox"/> Delete |                     |                                                                    | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                          | HUANG, CHRISTINA                     |                     |                                                                    | NAME                                                                                            |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | 11031 REDHAWK STREET                 |                     |                                                                    | STREET ADDRESS                                                                                  |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | PLANTATION, FL 33324                 |                     |                                                                    | CITY-ST-ZIP                                                                                     |                                                                   |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete      |                     |                                                                    | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                          |                                      |                     |                                                                    | NAME                                                                                            |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete      |                     |                                                                    | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                          |                                      |                     |                                                                    | NAME                                                                                            |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete      |                     |                                                                    | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                          |                                      |                     |                                                                    | NAME                                                                                            |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete      |                     |                                                                    | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                          |                                      |                     |                                                                    | NAME                                                                                            |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                      |                     |                                                                    |                                                                                                 |                                                                   |  |

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: 2/18/08    Daytime Phone #: (904) 488-4694

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