
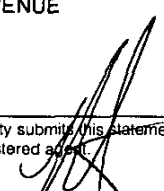
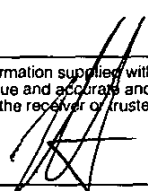


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90023 014 ****50.00

DOCUMENT # L03000012402			
1. Entity Name CFH GROUP, LLC			
Principal Place of Business 11000 NW 92 TERRACE MIAMI, FL 33178 US		Mailing Address 11000 NW 92 TERRACE MIAMI, FL 33178 US	
2. Principal Place of Business 6340 SUNSET DR.		3. Mailing Address 6340 SUNSET DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MIAMI	
City & State MIAMI, FL		City & State FL	
Zip 33143	Country USA	Zip 33147	Country USA
6. Name and Address of Current Registered Agent ROBERT A. BRANDT, P.A. 1110 BRICKELL AVENUE PH-1 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: RONALD R. FIELDSTONE Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE SUITE 601 City: C. GROVES FL Zip Code: 33134	
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 4/28/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABRERIZO, TOMAS 11000 NW 92 TERRACE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. Fieldstone, Ronald 201 ALHAMBRA Circle, Suite 601 CORAL GABLES, FL. 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		RONALD R. FIELDSTONE MANAGER 4/28/05 305 357 1001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #