2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# L03000036152

Entity Name: CFI GROUP, LLC

Current Principal Place of Business:

1320 N LAKE SHIPP DR. SW
SUITE 300
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

1320 N LAKE SHIPP DR. SW
SUITE 300
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-0057088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASTLEBERG, BENJAMIN D
1320 N LAKE SHIPP DR. SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

CASTLEBERG, BENJAMIN D
1320 N LAKE SHIPP DR. SW
SUITE 300
WINTER HAVEN, FL 33880 US

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: BEN CASTLEBERG 05/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: CASTLEBERG, BENJAMIN D
Address: 1320 N LAKE SHIPP DR. SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR ( ) Delete
Name: CASTLEBERG, PHILIP J
Address: 1344 LONGHILL DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: BEN CASTLEBERG MGR 05/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date