

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-25-2005 90134 022 ****50.00

DOCUMENT # L03000040043					
1. Entity Name CBF INVESTMENTS, L.L.C.					
Principal Place of Business C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237			Mailing Address C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number APPLIED FOR 51-0522518				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P ESQ. C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Charles J. Bartlett, Esquire Street Address (P.O. Box Number is Not Acceptable) c/o Icard Merrill 2033 Main Street, Suite 600 City Sarasota FL Zip Code 34237		
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		Charles J. Bartlett, Esq.		DATE 3/23/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
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	MGRM BARTLETT, CHARLES J 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Robert E. Messick, Esquire 2033 Main Street, Suite 600 Sarasota, FL 34237	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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:		Charles J. Bartlett		3/23/05 (941) 366-8100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	