## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## 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 Maiting Address

C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

## FILED Jan 18, 2007 08:00 AM Secretary of State



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
51-0522518		Not Applicable
5. Certificate of Status Desired	\$5.0	Additional

6. Name and Address of Current Registered Agent

BARTLETT, CHARLES J ESQ C/O ICARD, MERRILL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>							
SIGNATURE.	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, 2007							
9.	MANAGING MEMBERS/MANAGERS	g a Maria de la la la selectivation p	[海域][[[海路]]				
TITLE	MGRM						
NAME	BARTLETT, CHARLES J						
STREET ADDRESS	2033 MAIN STREET, SUITE 600	The state of the s					
CITY-ST-ZIP	SARASOTA, FL 34237		91812				
TITLE	MGRM	<b>1.</b> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	0039+004 'S0.00' - 🖟				
NAME	MESSICK, ROBERT E ESQ						
STREET ADDRESS	2033 MAIN STREET, SUITE 600						
CITY-ST-ZIP	SARASOTA, FL 34237						
TITLE							
NAME			leach baile, bliash an				
STREET ADDRESS		DO NOT WE	OITE				
CITY-ST-ZIP							
TITLE		IN THIS SPA	(CE				
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:** 

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

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

1/15/07 (941)366-8100

Daytime Prione #