


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000020587 1. Entity Name CF 3 FLORIDA, L.L.C.	
---	---

Principal Place of Business 29 BOLAND DRIVE WEST ORANGE, NJ 07052	Mailing Address 29 BOLAND DRIVE WEST ORANGE, NJ 07052
---	---

DO NOT WRITE IN THIS SPACE



07162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0850607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINSON, WILSON III ESQ
 ATKINSON DINER ET AL
 1946 TYLER ST
 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

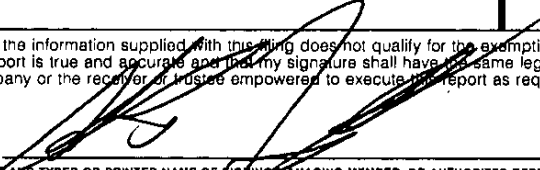
**Filing Fee is \$50.00
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELDMAN, CHARLES 29 BOLAND DRIVE WEST ORANGE, NJ 07052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000772940
 08/29/07-80001-004 50.00

DO NOT WRITE IN THIS SPACE

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:  _____ **7/17/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #