## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 16, 2005 8:00 am Secretary of State 08-16-2005 90013 044 \*\*\*\*50.00

DOCUMENT # L04000020620  1. Entity Name CF 6 FLORIDA, L.L.C.				08-16-2005 90013 044	****50.00		
Principal Place 29 BOLAND I WEST ORANG	DR	Mailing Address 29 BOLAND DR WEST ORANGE, NJ 07052				: :::::::::::::::::::::::::::::::::::::	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07132005 Chg-LLC CR2E083 (10	0/03)	
City & State		City & State			4. FEI Number 20-0850981	Applied For Not Applicable	
Zip	Country	Zip Caun		ntry		O Additional equired	
6. Name and Address of Current R		egistered Agent			7. Name and Address of New Registered Agent		
ATVINGOR	I, WILSON III ESQ			Name			
ATKINSON	N, WILSON IN ESQ N DINER ET AL			Street Address (P.O. Box Number is Not Acceptable)			
1946 TYLE							
HOLLTWC	OOD, FL 33020			City	F1 7	ip Code	
				1	FL	•	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating)  DATE							
Filing Fee Is \$50.00 Due by September 7, 2005			· •		Make check payab Florida Department o	f State	
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITL	I .		change	
NAME STREET ADDRESS	FELDMAN, CHARLES 29 BOLAND DR			EET ADORESS			
CITY-ST-ZIP	WEST ORANGE, NJ 07052	CITY		Y-ST-ZIP			
TITLE		☐ Delete	TITL	l l		Change	
NAME STREET ADDRESS			NAN STR	ME LEET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ Delete	τπι	E		Change Addition	
NAME			NAM	I			
STREET ADDRESS CITY-ST-ZIP				EET ADORESS Y-ST-ZIP			
TITLE	<u> </u>	☐ Delete	TITL	.E		Change	
NAME			NAM	<b>I</b>			
STREET ADDRESS CITY-ST-ZIP				EET ADORESS Y-ST-ZIP			
TITLE		Delete	TITE	<del></del>		Change	
NAME			NAM	· I			
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ Delete	וווז	<del></del>		Change Addition	
NAME		_ 50,50	NAR	ME	_	• –	
STREET ADDRESS CITY-ST-ZIP				V-ST-ZIP	t		
11. I hereby certify that the information supplied with this filling wes not quality 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 of true an execute this report are founded by Chapter 608, Florida Statutes.							
1/20/ 1/25							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daty  Daytime Phone #							
I.	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, M	ANAGER, O	H AUTHORIZED REPRE	SENTATIVE Daytime	MINGRE #	