2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002525

Entity Name: SFA, LLC

FILED Jul 09, 2006 Secretary of State

Current Princi	ipal Place of Business:	New Principal Place of Business:
		615 BAYSHORE DRIVE
HOLLYWOOD	, FL 33020	106 FORT LAUDERDALE, FL 33304
Current Mailir	ng Address:	New Mailing Address:
n the State of Florida. SIGNATURE: Electronic Signature of Registered Activation of Registered Activation (a) Delete Name: Address: City-St-Zip: Fitle: Name: Address: Address:	615 BAYSHORE DRIVE	
HOLLYWOOD,	, FL 33020	106 FORT LAUDERDALE, FL 33304
		FEI Number Not Applicable () Certificate of Status Desired ()
		·
1909 TYLER S	T., STE 603	
		e purpose of changing its registered office or registered agent, or bot
SIGNATURE:		
•	Electronic Signature of Registered	Agent Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:
Title: Name: Address: City-St-Zip:	() Delete	Title: MR () Change (X) Addition Name: SWENSON, MARK A Address: 615 BAYHORE DRIVE #106 City-St-Zip: FORT LAUDERDALE, FL 33304 US
Title: Name: Address: City-St-Zip:	() Delete	Title: MR () Change (X) Addition Name: SWENSON, CLIFFORD A Address: 120 WILDHURST ROAD City-St-Zip: TONKA BAY, MN 55331 US
Title: Name: Address: City-St-Zip:	() Delete	Title: MRS () Change (X) Addition Name: SWENSON, BARBARA B Address: 120 WILDHURST ROAD City-St-Zip: TONKA BAY, MN 55331 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARK SWENSON MR 07/09/2006