

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010586

Entity Name: CFI REAL ESTATE, LLC

FILED  
Jul 13, 2006  
Secretary of State

## Current Principal Place of Business:

10770 CAMBAY CIR.  
BOYNTON BEACH, FL 33437

## New Principal Place of Business:

10770 CAMBAY CIR.  
BOYNTON BEACH, FL 33437 US

## Current Mailing Address:

10770 CAMBAY CIR.  
BOYNTON BEACH, FL 33437

## New Mailing Address:

10770 CAMBAY CIR.  
BOYNTON BEACH, FL 33437 US

FEI Number: 37-1503795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HARRIS, J. RICHARD  
4400 P.G.A. BLVD. SUITE 800  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

COFRANCESCO, THOMAS PRES.  
10770 CAMBAY CIRCLE  
BOYNTON BEACH, FL 33437 US

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.

SIGNATURE: THOMAS COFRANCESCO

07/13/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: SEC. ( ) Change (X) Addition  
Name: FLOOD, PATRICK IV W  
Address: 817 N. K STREET  
City-St-Zip: LAKE WORTH, FL 33460 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: THOMAS COFRANCESCO

PRES

07/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date