2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

DOCUMENT # L05000045730

1. Entity Name
CF PULMONARY REAL ESTATE LLC



FILED Jan 25, 2007 8:00 am Secretary of State 01-25-2007 90091 010 ****55.00

407841 1100

1/3/07

			-						
Principal Place of Business 1109 EAST RIDGEWOOD STREET ORLANDO, FL 32803		Mailing Address 1109 EAST RIDGEWOOD STREET ORLANDO, FL 32803			# # ### ###############################	16 1 1 12) - C ilil 6 2 112 10 1 21 1 10 1 21	 A k ila a (4 a) a (1) a	ITAAN (IIII RP I)	13 (() 1 99 (
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052007	Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State			4. FEI Numb	5001720.283	11628	<u> </u>	olied For Applicable
Zip	Country	Zip	Zip Country			e of Status Desired	\$	5.00 Addi	tional
6. Name and Address of Current F		Penistered Agent	egistered Agent		7 Name and	d Address of New Re			·
v. Name and Address of Current Registered Agent					7. Name and	u Address of New Re	gistereu Ag	ent	
	NIEL FRIDGEWOOD STREET D, FL 32803		Street Address		(P.O. Box Number is Not Acceptable)				
			City				FL	Zip Code	•
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 Supplies trade of posted social and title of applicable (NOTE Supplies Applicable of the Company)									
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered Agent signal	ure required w	hen reinstating)	.,	DATE		
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State				
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/(CHANGES		
TITLE	Р	☐ Defete	TITLE	VC			[Change	Addition
NAME	HAIM, DANIEL		NAME	ACIDS	HOE.	Rosado			,
STREET ADDRESS CITY-ST-ZIP	326 N. MILLS AVE. ORLANDO, FL 32803		STREET ADDRESS CITY-ST-ZIP	326 N	J. Mills	s Avenue 1 32803			
	VP		-	10 1cm	odo, Fi	L 32803			H
TITLE NAME	LAYISM, DANIEL T	☐ Delete	TITLE NAME	5.00	I. W.	obio	L	Change	· 🔀 Addition
STREET ADDRESS	326 N. MILLS AVE.		STREET ADDRESS			15 Avenue			
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	(X) (Cr	10 x . FL	- 32803			
TITLE	VP	☐ Delete	TITLE			25 00 0		Change	Addition
NAME	CALIMANO, FRANSISCO		NAME						_
STREET ADDRESS	326 N. MILLS AVE.		STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP			<u> </u>			
TITLE	VP	☐ Delete	TITLE				[Change	☐ Addition
NAME STREET ADDRESS	REMY, FRANSISCO S 326 N. MILLS AVE/		NAME STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP						
TITLE	VP	□ Delete	TITLE		 .		Г	Change	☐ Addition
NAME	MASOOD, AHMED	C Delete	NAME				·	_j Change	Macilion
STREET ADDRESS	326 N. MILLS AVENUE		STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
0111-31-4P			UIT-SI-ZIP	l					
44	certify that the information supplied will	to state filling deep and the	- 41	1	Ob	Fig. data On the second	at		