

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059700

Entity Name: CFI, LLC

FILED
Jun 13, 2006
Secretary of State

Current Principal Place of Business:

14286-19 BEACH BOULEVARD
JACKSONVILLE, FL 32250

New Principal Place of Business:

14286-19 BEACH BOULEVARD
SUITE 111
JACKSONVILLE, FL 32250

Current Mailing Address:

14286-19 BEACH BOULEVARD
JACKSONVILLE, FL 32250

New Mailing Address:

14286-19 BEACH BOULEVARD
SUITE 111
JACKSONVILLE, FL 32250

FEI Number: 20-3158924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

RASHEED, ENRIQUE
14286-19 BEACH BOULEVARD
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

RASHEED, ENRIQUE
14286-19 BEACH BOULEVARD
SUITE 111
JACKSONVILLE, FL 32250 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: RASHEED, ENRIQUE

06/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RASHEED, ENRIQUE
Address: 14286-19 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: RASHEED, ENRIQUE
Address: 14286-19 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32250

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: ENRIQUE A. RASHEED

PRES

06/13/2006

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