



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000068412			
1. Entity Name E.F.N. MANAGEMENT, LLC			
Principal Place of Business 1220 NW 12TH STREET GAINESVILLE, FL 32601		Mailing Address 1220 NW 12TH STREET GAINESVILLE, FL 32601	
DO NOT WRITE IN THIS SPACE			
		 02082007No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 90-0249823	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
NEGRIN, ESTHER F 1220 NW 12TH STREET GAINESVILLE, FL 32601			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE	MGR		
NAME	NEGRIN, ESTHER F		
STREET ADDRESS	1220 NW 12TH STREE		
CITY-ST-ZIP	GAINESVILLE, FL 32601		
TITLE	MGR		
NAME	ANDERSON, DARRELL H		
STREET ADDRESS	1220 NW 12TH ST		
CITY-ST-ZIP	GAINESVILLE, FL 32601		
TITLE	MGR		
NAME	SILBER-ANDERSON, RACHEL		
STREET ADDRESS	1220 NW 12TH ST		
CITY-ST-ZIP	GAINESVILLE, FL 32601		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Esther Negrin</u> <u>Esther Negrin</u>		4/23/07 352 3713636	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	