

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086581

Entity Name: MAYER CF HOLDINGS, LLC

FILED  
May 31, 2006  
Secretary of State

**Current Principal Place of Business:**

550 ELEVENTH STREET  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

5720 LAGORCE DRIVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

550 ELEVENTH STREET  
MIAMI BEACH, FL 33139

**New Mailing Address:**

5720 LAGORCE DRIVE  
MIAMI BEACH, FL 33140

FEI Number: 20-3396450      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:**

MAYER, JONATHAN A  
550 ELEVENTH STREET  
MIAMI BEACH, FL 33139      US

**Name and Address of New Registered Agent:**

MAYER, JONATHAN A  
5720 LAGORCE DRIVE  
MIAMI BEACH, FL 33140      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: \_\_\_\_\_

05/31/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MAYER, JONATHAN A  
Address: 550 ELEVENTH STREET  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JONATHAN MAYER

MGR

05/31/2006

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