

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90064 041 ****50.00

DOCUMENT # L05000090991

1. Entity Name
CF21, LLC



Principal Place of Business
8 GEORGETOWN AVENUE
SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461

Mailing Address
8 GEORGETOWN AVENUE
SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461

2. Principal Place of Business
82 S. Barrett Square, Suite 2A
Rosemary Beach, FL 32461

3. PO Box 611296
Rosemary Beach, FL 32461

XXXXXXXXXX



03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3474482

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEITLIN, BRAD
8 GEORGETOWN AVENUE
SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461

Name
Street Address
82 S. Barrett Square, Suite 2A^{e)}
Rosemary Beach, FL 32461
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JBS VENTURES, LLC
8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
NEW ORCHARD HOLDINGS, LLC
82 S. Barrett Square, Suite 2A
Rosemary Beach, FL 32461 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

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:

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

3/30/06

Date

850-231-0850

Daytime Phone #