
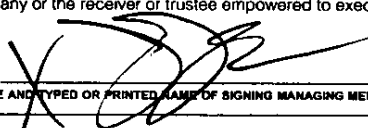


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90029 001 ****50.00

DOCUMENT # L05000090991 1. Entity Name CF21, LLC					
Principal Place of Business 82 S ROSEMARY BEACH, FL 32461			Mailing Address POB 611296 ROSEMARY BEACH, FL 32461		
2. Principal Place of Business - No P.O. Box # 82 S. BARRETT SQUARE Suite, Apt. #, etc. SUITE 2A		3. Mailing Address Suite, Apt. #, etc. City & State ROSEMARY BEACH, FL Zip 32461			
City & State ROSEMARY BEACH, FL		City & State Zip 32461		Country WALTON	
4. FEI Number 20-3474482			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ZEITLIN, BRAD 82 S BARRETT SQ STE 2A ROSEMARY BEACH, FL 32461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEW ORCHARD HOLDINGS, LLC <input type="checkbox"/> Delete 82 S BARRETT SQ, STE 2A ROSEMARY BEACH, FL 32461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR New Orchard Holdings LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 82 S. Barrett Sq, Suite 2A Rosemary Beach FL 32461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			4/16/07 850-231-0850 Date Daytime Phone #		