

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000108742	
1. Entity Name CF6-50C2, LLC	
Principal Place of Business 3814 CURTISS PARKWAY VIRGINIA GARDENS, FL 33166	Mailing Address 3814 CURTISS PARKWAY VIRGINIA GARDENS, FL 33166



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1150599	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 BAUMGARTEN, MAURICE J ESQ. C/O ANANIA, BANDKLAYDER, ET AL 100 SOUTHEAST SECOND STREET, SUITE 4300 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000948633
03/18/08-80036-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LA FORGIA, ANTHONY 3814 CURTISS PARKWAY VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAPPIA, JOHN 1701 N.W. 63RD AVE., BLDG. 712 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CF 1/22/08 (305) 871-5555