

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000018711

Entity Name: CAF HOLDINGS, LLC

FILED
Sep 21, 2007
Secretary of State

Current Principal Place of Business:

84 LAGUNA DRIVE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

11911 U.S. HIGHWAY ONE
SUITE 201
NORTH PALM BEACH, FL 33408

Current Mailing Address:

84 LAGUNA DRIVE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

11911 U.S. HIGHWAY ONE
SUITE 201
NORTH PALM BEACH, FL 33408

FEI Number: 20-4550645 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:

BELTRANO, ALDO
11911 US HIGHWAY ONE, SUITE 201
THE LAW OFFICES OF ALDO BELTRANO, P.A.
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

BELTRANO, ALDO ESQ.
11911 U.S. HIGHWAY ONE, SUITE 201
THE LAW OFFICES OF ALDO BELTRANO, P.A.
NORTH PALM BEACH, FL 33408 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: ALDO BELTRANO, ESQ.

09/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FORD, COLLEEN A
Address: 11911 U.S. HIGHWAY ONE, SUITE 201
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify 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: COLLEEN A. FORD

MGRM

09/21/2007

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