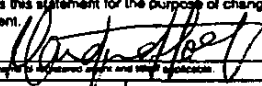


FILED
Jun 11, 2007 8:00 am
Secretary of State

04-25-2007 90036 012 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000023662			
1. Entity Name CEFA, LLC			
Principal Place of Business 15541 CEDAR GROVE LANE WELLINGTON, FL 33414		Mailing Address 15541 CEDAR GROVE LANE WELLINGTON, FL 33414	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 00-4430279		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent METZGER, JOHN T 250 AUSTRALIAN AVENUE SOUTH, SUITE 700 MCDONALD HOPKINS CO., P.A. WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name CLAUDIA HOET Street Address (P.O. Box Number is Not Acceptable) 8983 OKEECHOBEE BLVD SUITE 202 City West Palm Beach FL Zip Code 33411	
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  CLAUDIA HOET DATE 06/04/07 Signature, typed or printed name of registered agent and date of execution. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee \$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 HOET, CLAUDIA 15541 CEDAR GROVE LANE WELLINGTON, FL 33414 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER MGRM HOET, CLAUDIA 8983 OKEECHOBEE BLVD #202 WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  CLAUDIA HOET 03/07/07 (561)3177340		Date Signature Phone #	