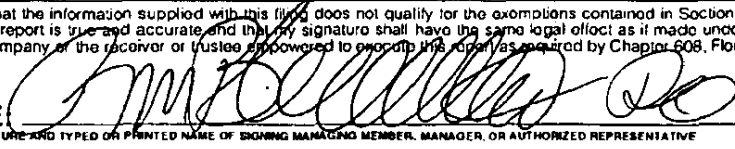


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

1/31.

01-31-2007 90086 020 ****50.00

DOCUMENT # L06000045521 1. Entity Name CBHS, LLC					
Principal Place of Business 21110 BISCAYNE BLVD. SUITE 203 AVENTURA FL 33180			Mailing Address 21110 BISCAYNE BLVD. SUITE 203 AVENTURA FL 33180		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 204980617				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TEMPKINS, HARRY 420 LINCOLN ROAD SUITE 244 MIAMI BEACH FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 registering) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BLUMENTHAL, BARRY M 21110 BISCAYNE BLVD., 203 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPIVACK, ERIC M 21110 BISCAYNE BLVD., SUITE 208 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC HANABERGH, RODOLFO 21110 BISCAYNE BLVD, SUITE 203 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA HANABERGH, RODOLFO 21110 BISCAYNE BLVD., SUITE 203 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ 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 Section 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 produce this report as required by Chapter 608, Florida Statutes.					
SIGNATURE 				Date 1/25/07 Daytime Phone # 205 948-9595	