


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90314 026 \*\*\*\*50.00

**DOCUMENT # L06000049640**

1. Entity Name  
 CFH GROUP - CYPRESS COVE, LLC



Principal Place of Business  
 6340 SUNSET DRIVE  
 MIAMI, FL 33143

Mailing Address  
 6340 SUNSET DRIVE  
 MIAMI, FL 33143


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

**60048825**



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 20-4904068

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R  
 201 ALHAMBRA CIRCLE, STE. 601  
 CORAL GABLES, FL 33134

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

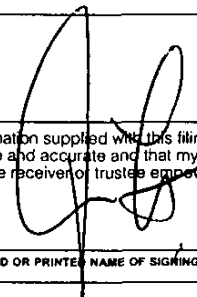
9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR Ronald R. Fieldstone
STREET ADDRESS	201 Alhambra Circle #601
CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR Paul A. Lester
STREET ADDRESS	201 Alhambra Circle #601
CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR Tomas Cabrera
STREET ADDRESS	6340 Sunset Drive
CITY - ST - ZIP	Miami, FL 33143

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:**  **TOMAS CABRERA**, 2001-04/17/07 305-778007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #