


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-04-2007 90314 027 \*\*\*\*50.00

**DOCUMENT # L06000049647**

1. Entity Name  
**CFH GROUP - VENETIAN PALMS, LLC**



Principal Place of Business  
**6340 SUNSET DRIVE  
 MIAMI, FL 33143**

Mailing Address  
**6340 SUNSET DRIVE  
 MIAMI, FL 33143**

**60048824**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4904033**

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**

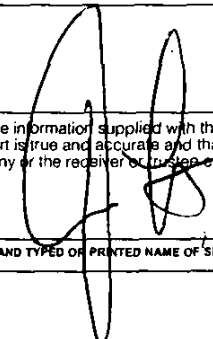
9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

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:**  **THOMAS CABRERIZO, MGR.** Date: **04/12/07** Daytime Phone #: **305.779.8054**