## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90314 028 \*\*\*\*50.00

DOCUMENT # L06000049660  1. Entity Name CFH GROUP - VICTORIA HEIGHTS, LLC					05-04-2007 9031	4 028 ****5	
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 #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162007	Chg-LLC CR	2E083 (12/06)	
City & State		City & State		4. FEI Numb	er - 4903885	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$5.00 Add Fee Required	
6.	Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New Register	ed Agent	
FIELDSTONE,			Street Address (P.O. Box Nu		per le Not Accentable)		
201 ALHAMBR CORAL GABLE	RA CIRCLE, STE. 601 ES, FL 33134		2(198)		Der is Not Acceptable)		
			O'h.		<del></del>	7in Card	<del></del>
···	ed entity submits this statement for		City			FL Zip Code	
SIGNATURE Signatu	of registered agent.  ture, typed or printed name of registered agen  Fore is \$50.00  by May 1, 2007	a and trile if applicable. (NOTI	E: Registered Agent signs	ture required when remstating)	Make chec	ck payable to	
9.	MANAGING MEMB	FRS/MANAGERS	10,	····	ADDITIONS/CHAN	GES	
TITLE		Delete	TITLE	MARINGE		[] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS CITY-ST-ZIP	Innaid K. Fre 201 Al haml Chall Gall	gldstoll ba Gell #60 og Fl 33134.	<b>/</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGL Dawl A-less 201 Alnomb	Jel Dio Gelle #160 S. G. 3134	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGK Tomas Cabr 10340 Sence Hlomi A	ecno I Devil 33/43	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	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-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-21P			☐ Change	Addition
11. I hereby certify indicated on the limited liability	y that the information supplied w nis report is true and accurate an company or the receiver or thus	th this filing does not qualify fo d that my signature shall have ee empowered to execute this	r the exemptions of the same legal ell report as required	ontained in Chapter 119 ect as if made under oat by Chapter 608, Florida	), Florida Statutes, I further c th; that I am a managing me a Statutes.	ertily that the info ember or manage	rmation r of the
SIGNATUR	Uta	- 1 -			117/07 301		
SIGI	NATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MA	NAGER, OR AUTHORIZE	D REPRESENTATIVE	Date	Daytime Phone #	