


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-04-2007 90314 021 ****50.00

DOCUMENT # L06000049666
 1. Entity Name
 CFH GROUP - PALM BEACH GRANDE, LLC



Principal Place of Business Mailing Address
 6340 SUNSET DRIVE 6340 SUNSET DRIVE
 MIAMI, FL 33143 MIAMI, FL 33143

60048830



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01162007 Chg-LLC CR2E083 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 20-4903970 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
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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**, MGR. 04/17/07 305-779-8074
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #