2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052593

Address:

City-St-Zip:

Entity Name: HENDRY COUNTY CNF, LLC

FILED Apr 26, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:		
22290 S.W MIAMI, FL	/. 162 AVENU 33170 US	Ē			
Current M	lailing Addre	ss:	New Mailing Address:		
22290 S.W MIAMI, FL	/. 162 AVENU 33170 US	E			
FEI Number	: 20-5029804	FEI Number Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address of New Registered Agent:		
	ALBERTO J 162 AVENUE 33170 US				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its	s registered offi	ce or registered agent, or both
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent		Date
MANAGING	MEMBERS/MAN	AGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR (COSTA, JOSE 22290 S.W. 16 MIAMI, FL 331	2 AVENUE	Title: Name: Address: City-St-Zip:	()C	hange () Addition
Title: Name: Address: City-St-Zip:	MGR (SMITH, JOSE I 22290 S.W. 16 MIAMI, FL 331	2 AVENUE	Title: Name: Address: City-St-Zip:	()C	hange()Addition
Title: Name: Address: City-St-Zip:	MGR (SUAREZ, ALBI 22290 S.W. 16 MIAMI, FL 331	2 AVENUE	Title: Name: Address: City-St-Zip:	()C	hange()Addition
Title: Name:	() Delete	Title: Name:	MGR ()C SMITH, MARIA C	hange (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

22290 SW 162 AVENUE MIAMI, FL 33170

SIGNATURE: ALBERTO J. SUAREZ MGR 04/26/2007