


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-04-2007 90314 022 \*\*\*\*50.00

**DOCUMENT # L06000066664**  
 1. Entity Name  
 CFH GROUP-REGENCY PARK, 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.  
 City & State  
 Zip Country

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

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 20-5145813 Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
 SHEAR, DAVID  
 201 ALHAMBRA CIR 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.

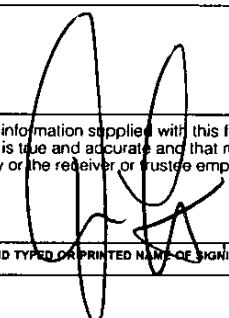
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 CABRERO**, 04/11/07, 305-779-8074

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