2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	DOCUMENT # L06000066666 1. Entity Name CFH GROUP-WHISPERING OAKS, LLC						05-04-2007	90 31 4 01	9 ****5	0.00
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Zip Country Zip Country Sip Sip Country Sip Sip Signed States Desired States Desired States Desired Signed Sig	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162007	Chg-LLC	CR2E08	3 (12/06)		
B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address o	City & State		City & State			4. FEI Numb	5145852		⊢ ——	
FIELDSTONE, RONALD R 201 AL HAMBRA CIRS STE 601 CORAL GABLES, FL 33134 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 Plorida. Ten familiar with, and accept the disjustices of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the disjustices of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the disjustices of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the disjustices of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the disjustices of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the disjustices of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the disjustices of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the disjustices of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the the state of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the the state of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the the state of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the the state of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the the state of registered agent, or both, in the State of Plorida. Ten familiar with, and accept the state of Plorida. Ten familiar with, and accept the state of Plorida. Ten familiar with, and accept the state of Plorida. Ten familiar with, and accept the state of Plorida. Ten familiar with, and accept the state of Plorida. Ten familiar with, and accept the state of Plorida. Ten familiar with, and accept the state of Plorida. Ten familiar with, and accept the state of Plorida. Ten familiar with, and accept the state of Plorida. Ten familiar with and accept th	Zip	Country	Zip	Country		5. Certificate	of Status Desired			
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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 obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida Davis of Florida	201 ALHAM	MBRA CIR STE 601				(P.O. Box Number is Not Acceptable)				
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SIGNATURE Filling Foe Is \$50.00 Make check payable to Florida Department of State										
### Pilling Foe is \$50.00 Due by May 1, 2007 MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE	the obligations of registered agent. SIGNATURE									
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