

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-04-2007 90314 020 \*\*\*\*50.00

**DOCUMENT # L06000066667**

1. Entity Name  
**CFH GROUP-OASIS AT NAPLES, LLC**



Principal Place of Business  
**6340 SUNSET DRIVE**  
**MIAMI, FL 33143**

Mailing Address  
**6340 SUNSET DRIVE**  
**MIAMI, FL 33143**

**60048831**



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

3. Mailing Address  
 Suite, Apt. #, etc.

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5146074**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SHEAR, DAVID</b> <b>201 ALHAMBRA CIR STE 601</b> <b>CORAL GABLES, FL 33134</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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.

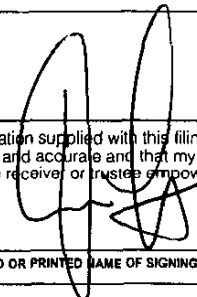
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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 CABRERIZO, MGR.** 04/12/07 305-779-8074

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