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Apr 13, 2007 8:00 am
Secretary of State
03-20-2007 90140 005 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000083209

1. Entity Name
CBM, LLC

Principal Place of Business	Mailing Address
399 W PALMETTO PARK RD #~~100~~ 200 BOCA RATON, FL 33432	399 W PALMETTO PARK RD #~~100~~ 200 BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
399 W. Palmetto PK Rd.		399 W. Palmetto PK. Rd.	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: Boca Raton FL		City & State: Boca Raton FL	
Zip: 33432	Country: USA	Zip: 33432	Country: USA

03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 32-0179201 ☐ 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
KENNEDY, BENJAMIN S JR 399 W PALMETTO PARK RD #1~~00~~ ste. 200 BOCA RATON, FL 33432	Name: SAME Street Address (P.O. Box Number is Not Acceptable): New Suite 200 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 [signature] 3/16/07
Signature, typed or printed name of registered agent and title if applicable — 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	MGRM KENNEDY, BENJAMIN S JR 399 W PALMETTO PARK RD #100 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kennedy, Ben S, JR. 399 W. Palmetto PK Rd. Ste 200 Boca Raton FL 33432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/16/07 561-750-8535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #