

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104669

Entity Name: CH FDNS, LLC

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

2555 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 331346082

New Principal Place of Business:

2555 PONCE DE LEON BLVD.
SUITE 320
CORAL GABLES, FL 331346082

Current Mailing Address:

2555 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 331346082

New Mailing Address:

2555 PONCE DE LEON BLVD.
SUITE 320
CORAL GABLES, FL 331346082

FEI Number: 01-0567486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADMIRE, JOHN G ESQ.
2555 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 331346082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADMIRE, JACK G TRUSTEE
Address: 2555 PONCE DE LEON BLVD., SUITE 320
City-St-Zip: CORAL GABLES, FL 331346082

Title: MGRM () Delete
Name: ADMIRE, RUTH S TRUSTEE
Address: 2555 PONCE DE LEON BLVD., SUITE 320
City-St-Zip: CORAL GABLES, FL 331346082

Title: MGRM () Delete
Name: ADMIRE, JOHN G TRUSTEE
Address: 2555 PONCE DE LEON BLVD., SUITE 320
City-St-Zip: CORAL GABLES, FL 331346082

Title: MGRM () Delete
Name: SULLIVAN, JR., JOHN C TRUSTEE
Address: 2555 PONCE DE LEON BLVD., SUITE 320
City-St-Zip: CORAL GABLES, FL 331346082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JACK G. ADMIRE, TRUSTEE

MGRM

01/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date