




**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000117422</b>			
1. Entity Name CFBP, LLC			
Principal Place of Business 5300 RECKER HIGHWAY WINTER HAVEN, FL 33880		Mailing Address PO BOX 27404 PHILADELPHIA, PA 19118	
			
		02222008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 20-8308289	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			
ROUSSO, MARK 18851 NE 29 AVE SUITE 900 AVENTURA, FL 33180			
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 _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CFBP, INC. PO BOX 27404 PHILADELPHIA, PA 19118	U000000838847 03/05/08-80047-003 138.75	
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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: 		2/22/08 2152875290	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	