

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90083 003 ****50.00

DOCUMENT # L06000118607



1. Entity Name
CFT, II LLC

Principal Place of Business
**2405 NW 23RD TERRACE
GAINESVILLE FL 32605**

Mailing Address
**2405 NW 23RD TERRACE
GAINESVILLE FL 32605**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1148469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

**CONE, FRED M JR.
207 INLET DRIVE
ST. AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CONE, FRED M JR.**
STREET ADDRESS **207 INLET DRIVE**
CITY- ST- ZIP **ST. AUGUSTINE FL 32080**

TITLE **MGR** ☐ Delete
NAME **CONE, THOMAS J**
STREET ADDRESS **2405 NW 23RD TERRACE**
CITY- ST- ZIP **GAINESVILLE FL 32605**

TITLE **MGR** ☐ Delete
NAME **CONE, CELIA**
STREET ADDRESS **P.O. BOX 845**
CITY- ST- ZIP **MELROSE FL 32666**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Thomas J. Cone **THOMAS J. CONE**

Feb. 22, 2007

Date

Daytime Phone #

(352)

378-9338