

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021729

FILED
Apr 22, 2009
Secretary of State

Entity Name: CFH AT VILLAS, LLC

Current Principal Place of Business:

6340 SUNSET DRIVE
MIAMI, FL 33143

New Principal Place of Business:

3850 BIRD ROAD
SUITE 801
MIAMI, FL 33146

Current Mailing Address:

6340 SUNSET DRIVE
MIAMI, FL 33143

New Mailing Address:

3850 BIRD ROAD
SUITE 801
MIAMI, FL 33146

FEI Number: 20-8529932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULIO C MARRERO & ASSOC., P.A.
C/O EQRAMUL I CHOWDHURY., JD
2903 SALZEDO ST. PENTHOUSE ONE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KANTROWITZ, HOWARD PA
3850 BIRD ROAD
SUITE 801
MIAMI, FL 33146 US

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: HOWARD KANTROWITZ, PA

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CABRERIZO, TOMAS
Address: 6340 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

Title: MGR (X) Delete
Name: MATTHEWS, OWEN
Address: 6340 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CABRERIZO, TOMAS
Address: 3850 BIRD ROAD, SUITE 801
City-St-Zip: MIAMI, FL 33146

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: TOMAS CABRERIZO

MGR

04/22/2009

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