


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90111 011 \*\*\*138.75

<b>DOCUMENT # L07000094673</b>					
<b>1. Entity Name</b> CF AZTEC, LLC					
<b>Principal Place of Business</b> 2665 SOUTH BAYSHORE DRIVE PH-2A MIAMI, FL 33133			<b>Mailing Address</b> 2665 SOUTH BAYSHORE DRIVE PH-2A MIAMI, FL 33133		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 26-1113692	
Zip		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  KATZ, EZRA 2665 SOUTH BAYSHORE DRIVE PH-2A MIAMI, FL 33133				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)</small> <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$938.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
_____ _____ _____	_____		MGRM Ezra Katz 2665 S. Bayshore Drive, PH-2A Miami FL 33133	_____	
_____ _____ _____	_____		_____ _____ _____	_____	
_____ _____ _____	_____		_____ _____ _____	_____	
_____ _____ _____	_____		_____ _____ _____	_____	
_____ _____ _____	_____		_____ _____ _____	_____	
_____ _____ _____	_____		_____ _____ _____	_____	
<b>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.</b>					
<b>SIGNATURE:</b> <u>E Katz</u>			<b>4/9/08</b> <b>305-988-8627</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		