


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90062 018 \*\*\*138.75  
06-12-2008 90122 009 \*\*\*138.75

<b>DOCUMENT # L07000115810</b>	
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1. Entity Name  
CF LEASES, LLC

Principal Place of Business  
4244 HYACINTH CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410

Mailing Address  
4244 HYACINTH CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410

00007036



06092008 Chg-LLC CR2E083 (12/06)

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 42-1746068		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		7. Name and Address of New Registered Agent	
FAULCONER, CHARLOTTE K 4244 HYACINTH CIRCLE NORTH PALM BEACH GARDENS, FL 33410		Name CHARLES H. FAULCONER Street Address (P.O. Box Number is Not Acceptable) 3462 INLET COURT City TEQUESTA FL Zip Code 33469	

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. Charles H. Faulconer

SIGNATURE CHARLES H. FAULCONER DATE JUNE 9, 2008  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER CHARLOTTE K. FAULCONER 4244 HYACINTH CIRCLE NORTH PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CHARLES H. FAULCONER 3462 INLET COURT TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MARK K FAULCONER 3882 BLUEBELL STREET PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ATTY. JAMES M. BLACKBURN, AUTHORIZED REPRESENTATIVE 6/9/08 561 746-9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #