
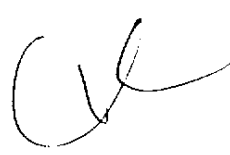
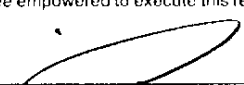


LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<p>FILED</p> <p>MAY -3 PM 5:00</p> <p>SECRETARY OF STATE</p>	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000966 CFR HOLDINGS, L.C. 1909 CHOWKEEBIN COURT TALLAHASSEE FL 32301		1a. Principal Place of Business Address 1909 CHOWKEEBIN COURT TALLAHASSEE FL 32301			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/01/1996 3a. State of Formation FL 4. FEI Number NOT APPLICABLE <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent GLICK, RICHARD DR. 1909 CHOWKEEBIN COURT TALLAHASSEE FL 32301		5. Date of Last Report 04/22/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code		200002870032-4 -05/10/99--01134-013 ***188.75 ***188.75 FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment)</small>		DATE _____			
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM GLICK, RICHARD DR.		1909 CHOWKEEBIN COURT		TALLAHASSEE FL 	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____ 		4/30/99 838-942-2022			