



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90377 034 ****50.00

DOCUMENT # L98000001604					
1. Entity Name CFBC, L.C.					
Principal Place of Business 150 NORTH SWINTON AVENUE SUITE #100 DELRAY BEACH, FL 33444			Mailing Address 150 NORTH SWINTON AVENUE SUITE #100 DELRAY BEACH, FL 33444		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 65-0867674	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BADACH, FRANK J ESQ. 568 YAMATO ROAD, STE 200 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent		
			Name <u>Richard Hasner</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>944 Greensward Lane</u>		
			City <u>Delray Beach</u> FL Zip Code <u>33445</u>		
			State		
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 <u>[Signature]</u> <u>Richard Hasner</u> <u>3-27-07</u>			DATE		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASNER, JAY <input type="checkbox"/> Delete 150 NORTH SWINTON AVENUE, SUITE 100 DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richard Hasner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 944 Greensward Lane Delray Beach, FL 33445	
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	
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: <u>[Signature]</u>			<u>Jay Hasner</u> <u>3-27-07</u> <u>561-272-1207</u>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		