

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # M04000002008**

1. Entity Name  
**CFC PROPERTY HOLDINGS LLC**



Principal Place of Business  
**6300 PASADENA POINT BLVD., SO.  
GULFPORT, FL 33707 US**

Mailing Address  
**6300 PASADENA POINT BLVD., SO.  
GULFPORT, FL 33707 US**



03132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1159266**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MEYER, JOSEPH B  
12971 FARMINGTON TRAIL  
SEMINOLE, FL 33776**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	CFC GOLF VENTURES LLC
STREET ADDRESS	8480 EAST ORCHARD ROAD, STE. 6200
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 801115029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000559341  
05/17/06-80133-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Joseph B Meyer*  
**JOSEPH B MEYER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3-14-06**