


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90171 015 ****50.00

DOCUMENT # M05000001962

1. Entity Name
CFH ACQUISITION LLC



Principal Place of Business
**C/O PERRY CAPITAL LLC
 599 LEXINGTON AVE.
 NEW YORK, NY 10022**

Mailing Address
**C/O PERRY CAPITAL LLC
 599 LEXINGTON AVE.
 NEW YORK, NY 10022**

20047159

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
1799 W Oakland Pk Blvd
 Suite, Apt. #, etc.
3rd Floor
 City & State
Fort Lauderdale FL
 Zip
33311

Country
US



06022006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

4. FEI Number
37-1507331

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
N/A
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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. **N/A**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	PERRY CAPITAL LLC	599 LEXINGTON AVENUE	NEW YORK, NY 10022	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	CEO ANDREW TANANBAUM	1700 Broadway	NEW YORK NY 10019	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Chief Credit Officer/EVP Bob Grbic	1700 Broadway	NEW YORK NY 10019	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	EVP/MGR TRI SCIARRA	700 South Flower Street, Suite 200A	LOS ANGELES CA 90017	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SVP/Regional MGR JIM ROTHMAN	1799 W Oakland Pk Blvd	Fort Lauderdale FL 33311	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SR Op MGR/SVP RON SCHWARTZ	1799 W Oakland Park Boulevard	Fort Lauderdale FL 33311	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	EVP/Reg MGR Michael Sullivan	15800 JOHN J. DELAYNE DRIVE	CHARLOTTE NC 28277	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Christina Chalkley Date: 6/2/06 954-660-7562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #


Christina Chalkley, Controller

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ATTACHMENT

DOCUMENT # M05000001962			
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		PAGE 2	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
		Date	Daytime Phone #

20077159



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4. FEI Number 37-1507331 Applied For Not Applicable

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