## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mailing Address

3. Mailing Address

C/O PERRY CAPITAL LLC

599 LEXINGTON AVE.

NEW YORK, NY 10022

1799 W Oakland Pok Blod

Country U S

4.

5.

DOCUMENT # M05000001962

Country

6. Name and Address of Current Registered Agent

1. Entity Name

**CFH ACQUISITION LLC** 

Principal Place of Business

C/O PERRY CAPITAL LLC

599 LEXINGTON AVE.

NEW YORK, NY 10022

Suite, Apt. #, etc.

City & State

Zip

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2. Principal Place of Business

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

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

20047159

| 06022006          | Chg-LLC           | CR2 | E083 (1 | 1/05)                    |
|-------------------|-------------------|-----|---------|--------------------------|
| 4. FEI Number     | •                 |     |         | Applied For              |
| 37-1507           | 331               |     |         | Not Applicable           |
| 5. Certificate of | of Status Desired |     |         | 0 Additional<br>Required |

7. Name and Address of New Registered Agent

Landerdele FL 33311

L Sullivan TOHN J. DELAYNE DRIVE

NC 28277

Reg MBR

5800

CHARLOTTE

| CORPORATION SERVICE COMPANT                       |   |                                 |  |  |                                |                     |  |  |
|---|---|---------------------------------|--|--|--------------------------------|---------------------|--|--|
| 1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525    |   |                                 | Street Address (P.O. Box Number is Not Acceptable) |  |                                |                     |  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           | 0000,12 02001-2020  |                                 |  |  |                                |                     |  |  |
|   |   |                                 | City   | F  | Zip Code                       | )                   |  |  |
| 8. The above the obligat                          | named entity submits this statement for ions of registered agent. | the purpose of changing its re  | gistered office or registered ac                   | gent, or both, in the State of Florida. I a              | am familiar with,              | and accept          |  |  |
| SIGNATURE .                                       | Signature, typed or printed name of registered agent an           | d title if applicable. (NOTE: R | egistered Agent signatura raquirad when r          | reinstating) DAT   | E                              |                     |  |  |
|   |   |                                 |  |  |                                |                     |  |  |
| Filing Fee is \$50.00<br>Due by September 6, 2006 |   |                                 |  | Make check<br>Florida Depar                              | k payable to<br>tment of State | ·                   |  |  |
| 9.  | MANAGING MEMBER   | S/MANAGERS /                    | 10.  | ADDITIONS/CHANG  | ES                             |                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | MGR PERRY CAPITAL LLC 599 LEXINGTON AVENUE NEW YORK, NY 10022     | ☑ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP NEN YO       | W TANANBAUM<br>Broadwry<br>BRK NY 10019                  | ☐ Change                       | Additio             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             |   | ☐ Delete                        | NAME BOB G   | Credit Officer/EVP<br>BrbIC<br>Broadway<br>YORK NY 10019 | ☐ Change                       | Additio             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             |   | ☐ Delete                        | TITLE EVP/ NAME TRI STREET ADDRESS 700 S           |  | □ Change<br>zet, Stwa<br>900   | PAddition<br>te 201 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             |   | ☐ Delete                        | TITLE SYP/A NAME JIM B STREET ADDRESS 1799         | Regional MGR<br>20THMAN<br>W Oakland P.K. Bl             | ☐ Change                       | Additio             |  |  |
| MILE<br>NAME<br>STREET ADDRESS                    |   | ☐ Delete                        | TITLE SROP Y                                       | MBR/SVP<br>CHWARTZ<br>Dockland Park Bou                  | Change                         | Additio             |  |  |

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

☐ Detete

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Change ☐ Addition

PAGE 2

| ANNUA   | L REPORT                         |              |                        |  |                                   | AH                     | ACHN                       | /EN                       | r                           |
|---|----------------------------------|--------------|------------------------|--|-----------------------------------|------------------------|----------------------------|---------------------------|-----------------------------|
| DOCUMENT # M0500000   | )1962                            |              | 9                      |  |                                   |                        |                            | ,                         | •                           |
| Entity Name     CFH ACQUISITION LLC   |                                  |              |                        |  |                                   |                        |                            |                           |                             |
| OFFI ACQUISITION ELC  |                                  |              |                        |  |                                   |                        |                            |                           |                             |
| Principal Place of Business Mailing Address   |                                  |              |                        |  |                                   | 200                    | 47                         | 54                        |                             |
| C/O PERRY CAPITAL LLC   | C/O PERRY CAPITAL LI             | LC           |                        |  |                                   | 200                    | יו וי                      |                           |                             |
| 599 LEXINGTON AVE. NEW YORK, NY 10022  September 10022  September 10022  September 10022  |                                  |              |                        | 1   <b>5   1   1</b>   1   1   1   1   1   1   1 | -<br>Pairi erri erri erri erri er | <br>                   | <br>                       | 1201 111 1201             |                             |
| 2. Principal Place of Business  | 3. Mailing Address               |              |                        |  |                                   |                        |                            |                           |                             |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.              |              |                        |  | 06022006                          | Chg-LLC                | CR2E08                     | 3 (11/05)                 |                             |
| City & State  | City & State                     |              |                        |  | 4. FEI Number 37-1507             |                        | •                          |                           | oplied For<br>at Applicable |
| Zip Country   | Zip                              | Cour         | ntry                   |  | 5. Certificate of                 | of Status Desired      |                            | 5.00 Add                  |                             |
| 6. Name and Address of Currer   | nt Registered Agent              | .l           |                        |  | 7. Name and                       | Address of New R       |                            |                           | <u> </u>                    |
| CORPORATION SERVICE COMPANY   |                                  |              | Name                   |  |                                   |                        |                            |                           |                             |
| 1201 HAYS STREET  |                                  |              | Street A               | ddress (P.                                       | O. Box Numbe                      | r is Not Acceptable    | 9)                         |                           |                             |
| TALLAHASSEE, FL 32301-2525  |                                  |              |                        |  |                                   | <del></del>            |                            |                           |                             |
|   |                                  |              | City                   |  |                                   |                        | FL.                        | Zip Cod                   | θ                           |
| 8. The above named entity submits this statement  | for the purpose of changing its  | register     | ed office or           | r registere                                      | d agent, or both                  | n, in the State of Flo |                            | miliar with,              | and accept                  |
| the obligations of registered agent.  |                                  |              |                        |  |                                   |                        |                            |                           |                             |
| SIGNATURE Signature, typed or printed name of registered age  | nt and title if applicable. (NOT | E: Registere | d Agent signat         | ure required w                                   | hen reinstating)                  |                        | DATE                       |                           | <del></del>                 |
|   | DAC                              |              |                        | $\overline{}$                                    |                                   | ,                      |                            |                           |                             |
| Filing Fee is \$50.00<br>Due by September 6, 2006   | VH15t                            |              |                        | メ  |                                   |                        | e check pay<br>Departmei   |                           | Ð                           |
| 9. MANAGING MEME  | BERS/MANAGERS                    | 10.          |                        | _ (  |                                   | ADDITIONS/             | CHANCES                    |                           |                             |
| TITLE   | ☐ Delete                         | TITL         | E                      | SVP  | CONTR                             | 2011-50                |                            | Change                    | Addition                    |
| NAME  |                                  | NAM          | IE .                   | Chri   | stina (                           | Chalkley               | 00.1                       |                           |                             |
| STREET ADDRESS  <br>CITY-ST-ZIP   |                                  |              | ET ADDRESS<br>- St-ZIP | 1799   | w Oak<br>anderda                  | land Fl                | 333/                       |                           |                             |
| TITLE   | ☐ Delete                         | TITL         |                        | Jour o   | anderda                           |                        |                            | Change                    | Addition                    |
| NAME  | _ 55555                          | NAM          |                        |  |                                   |                        | '                          |                           |                             |
| STREET ADDRESS CITY-ST-ZIP  |                                  |              | ET ADDRESS<br>- ST-ZIP |  |                                   |                        |                            |                           |                             |
| TITLE   | ☐ Delete                         | TITL         |                        |  |                                   |                        |                            | Change                    | - Addition                  |
| NAME  | C Deleta                         | NAM          |                        |  |                                   |                        | ·                          | Change                    | Addition                    |
| STREET ADDRESS CITY-ST-ZIP  |                                  | - 8          | ET ADDRESS             |  |                                   |                        |                            |                           |                             |
| TITLE   | ☐ Delete                         | TITL         | -SI-ZiP                |  |                                   |                        |                            | 7.05                      | T Addition                  |
| NAME  | Delete                           | NAM          |                        |  |                                   |                        | ,                          | Change                    | ☐ Addition                  |
| STREET ADDRESS  |                                  |              | ET ADORESS             |  |                                   |                        |                            |                           |                             |
| CITY-SI-ZIP   |                                  | -            | -ST-ZIP                |  | -                                 | <del></del>            |                            |                           |                             |
| TITLE   | ☐ Defete                         | NAM          |                        |  |                                   |                        | ι                          | Change                    | ☐ Addition                  |
| STREET ADDRESS  |                                  | STRE         | ET ADDRESS             |  |                                   |                        |                            |                           |                             |
| CITY-ST-ZIP   |                                  |              | -ST-ZIP                |  |                                   |                        | ·                          |                           |                             |
| TITLE NAME  | ☐ Delete                         | TITL         |                        |  |                                   |                        | ι                          | Change                    | Addition                    |
| STREET ADDRESS  |                                  |              | ET ADDRESS             |  |                                   |                        |                            |                           |                             |
| CITY-ST-ZIP   |                                  |              | -ST-ZIP                |  |                                   |                        |                            |                           |                             |
| 11. I hereby certify that the information supplied windicated on this report is true and accurate ar limited liability company or the receiver or trust | id that my signature shall have  | the same     | e legal effe           | ct as if ma                                      | de under oath:                    | that I am a manac      | rther certify thing member | nat the info<br>or manage | rmation<br>r of the         |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME   | OF SIGNING MANAGING MEMBER, MA   | NAGER, OR    | AUTHORIZED             | REPRESENT  | TATIVE                            | Date                   | Davi                       | ine Phone #               |                             |