


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001073 1. Entity Name CFL, L.L.C.	
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Principal Place of Business
725 NORTH DERBY LANE
NORTH SIOUX CITY, SD 57049

Mailing Address
P.O. BOX 1550
NORTH SIOUX CITY, SD 57049



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 46-0448210	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, TIMOTHY 725 NORTH DERBY LANE NORTH SIOUX CITY, SD 57049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSH, ALLEN J 9915 S 148TH ST OMAHA, NE 68145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAPP, WILLIAM D 9915 S 148TH ST OMAHA, NE 68145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, KATHLEEN S 725 NORTH DERBY LANE NORTH SIOUX CITY, SD 57049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U0000035679E
05/04/05-80047-018 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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: _____

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

Date

Daytime Phone #

Kathleen S. Jones 4-18-05 605-232-0262