

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90204 001 ****50.00

DOCUMENT # L02000017992

1. Entity Name
C2FS-DUNEDIN LLC



Principal Place of Business
11300 FOURTH STREET NORTH STE. 200
ST PETERSBURG, FL 33716

Mailing Address
11300 FOURTH STREET NORTH STE. 200
ST PETERSBURG, FL 33716

20005449



01142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2284934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHADWICK, JAMES M
11300 FOURTH STREET NORTH STE. 200
ST PETERSBURG, FL 33716

**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 MGRM
NAME SEMBLER, STEVEN M
STREET ADDRESS 1300 4TH ST. N. SUITE 200
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE MGRM
NAME CHADWICK, JAMES M
STREET ADDRESS 11300 4TH ST. N., SUITE 200
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE MGRM
NAME FLEETING, ROBERT
STREET ADDRESS 11300 4TH ST. N. SUITE 200
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE MGRM
NAME CHADWICK, HARRY R
STREET ADDRESS 11300 4TH ST. N. SUITE 200
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

11/17/05 727-577-9157