

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

01-31-2005 90202 028 ****50.00

DOCUMENT # L02000017993

1. Entity Name
C2FS-GANDY 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**

20000000



01142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2369312

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, M. STEVEN
STREET ADDRESS 11300 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 9197