

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**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**



03032006 No Chg-LLC

CR2ED83 (11/05)

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	11300 4TH ST N., SUITE 200
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33716
TITLE	MGRM
NAME	CHADWICK, JAMES M
STREET ADDRESS	11300 4TH ST N., SUITE 200
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33716
TITLE	MGRM
NAME	FLEETING, ROBERT
STREET ADDRESS	11300 4TH ST N., SUITE 200
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33716
TITLE	MGRM
NAME	CHADWICK, HARRY R
STREET ADDRESS	11300 4TH ST N., SUITE 200
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/23/06 00025-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**James M. Chadwick, Managing Member**

**3/6/06**

**(727) 577-9197**

Date

Daytime Phone #