

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000018001

1. Entity Name
C2FS-MACALPINE 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

FILED
Feb 02, 2004 08:00 AM
Secretary of State



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2369310

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 ESQ.
RENFROW & CHADWICK
11300 FOURTH ST. 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, 2004**

000000024821
02/02/04-80083-022 50.00

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHADWICK, HARRY R
11300 4TH ST. N., SUITE 200
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/04

727-577-9197