2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90103 001 ****50.00

DOCUMENT # L02000018001

1. Entity Name
C2FS-MACALPINE LLC

20052300

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

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
9600 Koger Blvd.	9600 Koger Blvd.
Suite, Apt. #, etc. Suite 105	Suite, Apt. #, etc. Suite 105
City & State St.Pete, FL	City & State St. Pete, FL
Zip / Country 33702 / US	Zip / Country 33702 / US

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	7. Name and Address of New Registered Agent
CHADWICK, JAMES M ESQ. RENFROW & CHADWICK 11300 FOURTH ST. NORTH, STE. 200 ST. PETERSBURG, FL 33716	Name: Robert Fleeting Street Address (P.O. Box Number is Not Acceptable) 9600 Koger Blvd. Suite 105 City: St.Petersburg **FL** Zip Code: 33702

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 R Fleeting
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SEMBLER, M. STEVEN 11300 4TH ST. N., SUITE 200 SAINT PETERSBURG, FL 33716	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHADWICK, JAMES M 11300 4TH ST. N., SUITE 200 SAINT PETERSBURG, FL 33716	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLEETING, ROBERT 11300 4TH ST. N., SUITE 200 SAINT PETERSBURG, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9600 Koger Blvd. Suite 105 St.Petersburg, FL 33702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHADWICK, HARRY R 11300 4TH ST. N., SUITE 200 SAINT PETERSBURG, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9600 Koger Blvd. Suite 105 St.Petersburg, FL 33702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Hansen, Thomas 9600 Koger Blvd. Suite 105 St.Petersburg, FL 33702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: R Fleeting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #