

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000018001

1. Entity Name  
C2FS-MACALPINE LLC



Principal Place of Business  
7606 W. SAND LAKE ROAD  
ORLANDO, FL 32819

Mailing Address  
7606 W. SAND LAKE ROAD  
ORLANDO, FL 32819



04212008 No Chg-LLC

CR2E083 (12/07)

**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**

FLEETING, ROBERT  
7606 W. SAND LAKE ROAD  
ORLANDO, FL 32819

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000944678  
05/29/08-80111-001 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FLEETING, ROBERT  
9600 KOGER BLVD., SUITE 105  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CHADWICK, HARRY  
9600 KOGER BLVD., SUITE 105  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HANSEN, THOMAS  
9600 KOGER BLVD., SUITE 105  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GASKIN, MICHAEL  
9600 KOGER BLVD STE 105  
SAINT PETERSBURG, FL 33702

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 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

4/29/08

Date

7275763803

Daytime Phone #