## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000018001

Entity Name: C2FS-MACALPINE LLC

9600 KOGER BLVD STE 105

SAINT PETERSBURG, FL 33702

Address:

City-St-Zip:

FILED May 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7606 W. SAND LAKE ROAD 9600 KOGER BLVD ORLANDO, FL 32819 105 SAINT PETERSBURG, FL 33702 **Current Mailing Address: New Mailing Address:** 7606 W. SAND LAKE ROAD 9600 KOGER BLVD ORLANDO, FL 32819 105 SAINT PETERSBURG, FL 33702 FEI Number: 52-2369310 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLEETING, ROBERT FLEETING, ROBERT 7606 W. SÁND LAKE ROAD 9600 KOGÉR BLVD ORLANDO, FL 32819 105 SAINT PETERSBURG, FL 33702 US 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. SIGNATURE: FLEETING, ROBERT 05/08/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete FLEETING, ROBERT Name: Name: 9600 KOGER BLVD., SUITE 105 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CHADWICK, HARRY Name: Address: 9600 KOGER BLVD., SUITE 105 Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HANSEN, THOMAS Name: Name: 9600 KOGER BLVD., SUITE 105 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GASKIN, MICHAEL Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT FLEETING MGRM 05/08/2009