

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90003 013 ****50.00

DOCUMENT # L03000038483

1. Entity Name
C2FS-ST. PETE BEACH 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0218462

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 STREET NORTH, STE. 200
ST. PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Add
**MGRM
Sembler, M. Steven
11300 4th ST., N., Ste. 200
St. Petersburg, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Add
**MGRM
Chadwick, James M.
11300 4th St., N., Ste. 200
St. Petersburg, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Add
**MGRM
Fleeting, Robert
11300 4th St., N., Ste. 200
St. Petersburg, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Add
**MGRM
Chadwick, Harry R.
11300 4th St., M., Ste. 200
St. Petersburg, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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

James M. Chadwick, Managing Member

Date

Daytime Phone #

1/27/04 727-577-9197