


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90075 030 \*\*\*\*50.00

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<b>DOCUMENT # L03000038483</b> 1. Entity Name <b>C2FS-ST. PETE BEACH LLC</b>					
Principal Place of Business <b>11300 FOURTH STREET NORTH, STE. 200 ST. PETERSBURG, FL 33716</b>			Mailing Address <b>11300 FOURTH STREET NORTH, STE. 200 ST. PETERSBURG, FL 33716</b>		
2. Principal Place of Business <b>9600 Koger Blvd.</b>		3. Mailing Address <b>9600 Koger Blvd</b>			
Suite, Apt. #, etc. <b>105</b>		Suite, Apt. #, etc. <b>105</b>			
City & State <b>St. Petersburg, FL.</b>		City & State <b>St. Petersburg, FL.</b>			
Zip <b>33702</b>		Country <b>US</b>		Zip <b>33702</b>	
Country <b>US</b>		Country <b>US.</b>			
4. FEI Number <b>30-0218462</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CHADWICK, JAMES M ESQ RENFROW &amp; CHADWICK 11300 FOURTH STREET NORTH, STE. 200 ST. PETERSBURG, FL 33716</b>			7. Name and Address of New Registered Agent Name <b>Robert Fleetling</b> Street Address (P.O. Box Number is Not Acceptable) <b>9600 Koger Blvd. Suite #105</b> City <b>St. Petersburg, FL</b> Zip Code <b>33702</b>		
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 <b>R Fleetling</b> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEMBLER, M. STEVEN 11300 4TH ST., N., STE. 200 SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tom Hansen 9600 Koger Blvd. Ste. 105 St. Petersburg, FL. 33702
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK, JAMES M 11300 4TH ST., N., STE. 200 SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9600 Koger Blvd. Ste 105 St. Petersburg, FL. 33702
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEETING, ROBERT 11300 4TH ST., N., STE. 200 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9600 Koger Blvd. Ste 105 St. Petersburg, FL. 33702
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK, HARRY R 11300 4TH ST., N., STE. 200 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9600 Koger Blvd. Ste 105 St. Petersburg, FL. 33702
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEETING, ROBERT 11300 4TH ST., N., STE. 200 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9600 Koger Blvd. Ste 105 St. Petersburg, FL. 33702
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
SIGNATURE: <b>Robert Fleetling</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	