



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90104 050 ****50.00

DOCUMENT # L04000023893 1. Entity Name C2FS-CORAL CREEK LLC					
Principal Place of Business 11300 FOURTH STREET NORTH, SUITE 200 ST PETERSBURG, FL 33716			Mailing Address 11300 FOURTH STREET NORTH, SUITE 200 ST PETERSBURG, FL 33716		
2. Principal Place of Business 9600 Koger Blvd.		3. Mailing Address 9600 Koger Blvd.			
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. Suite 105			
City & State St. Petersburg, FL		City & State St. Petersburg, FL			
Zip 33702 Country US		Zip 33702 Country US			
4. FEI Number 56-2450956				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04252005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent CHADWICK, JAMES M ESQ RENEROW & CHADWICK 11300 FOURTH STREET NORTH, SUITE 200 ST PETERSBURG, FL 33716			7. Name and Address of New Registered Agent Name Fleeting, Robert 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 <u>Robert Fleeting</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fleeting, Robert 9600 Koger Blvd. Ste.105 St. Pete, FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chadwick, Harry 9600 Koger Blvd Suite 105 St. Pete FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hansen, Thomas 9600 Koger Blvd. Suite 105 St. Pete, FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>R. Fleeting</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____				Daytime Phone # _____	