

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000042113

1. Entity Name
C2FS-ONE LLC



FILED
Mar 24, 2008 08:00 A
Secretary of State

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



03102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0871198

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLAST POINT GROUP LLC
11300 FOURTH STREET NORTH STE 200
ST. PETERSBURG, FL 33716

**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

U000000866831
04/08/08-80045-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BALLAST POINT HOMES DEVELOPMENT CORP
STREET ADDRESS	11300 4TH ST N, STE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

Bruce Keene

3/13/08

(727) 571-9197

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

Date

Daytime Phone #