## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## FILED Jan 31, 2005 8:00 am Secretary of State

(727) 577-9197

Daytime Phone #

DOCUN 1. Entity Name C2FS-FOL	3	# L040000421			01-31-2005 9	-	35 ****5(	).00		
Principal Place of Business 11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716  Mailing Address 11300 FOURTH STREET NORT ST. PETERSBURG, FL 33716					H STE. 200				Ba ware Hall sea	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182005	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State			4. FEI Numb 55-	0871202		<b>⊢</b>	plied For t Applicable
Zip	Country		Zip . Count		try	5. Certificate of Status Desired   \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
	JŔTH ST	REET NORTH STE. 2	00		Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG, FL 33716					City				Zip Code	
R The above named entity submits this statement for the purpose of changing its region					City					
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, 2005								e check pa Departma	ayable to ent of State	•
9.	MCDM	MANAGING MEMBER		10.			ADDITIONS/	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM C2FS Development Corporation 11300 4th St. N., Suite 200 St. Petersburg, FL 33716				l l				Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ı				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I .			,	☐ Change	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. C2FS Development Corporation										