

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90028 048 ****55.00

DOCUMENT # L04000042120

1. Entity Name
C2FS-FOUR 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**

20008453



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
55-0871202

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CHADWICK, JAMES M
11300 FOURTH STREET NORTH STE. 200
ST. PETERSBURG, FL 33716**

Name **BALLAST POINT GROUP LLC**

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

11300 4th St. N., Suite 200

City **St. Petersburg**

FL

Zip Code **33716**

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 *Julie V. Fanelli*

Julie V. Fanelli

4/17/07

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **BALLAST PT. HOMES DVLPMNT. CORP.**
STREET ADDRESS **11300 4TH ST N, STE 200**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33716**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Bruce Keene

4/17/07 727-577-9197

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

Date

Daytime Phone #