

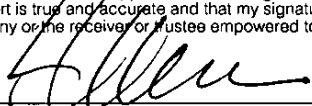


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-20-2007 90028 049 *****55.00

DOCUMENT # L04000042123 1. Entity Name C2FS-FIVE 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 55-0871205	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHADWICK, JAMES M 11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716			7. Name and Address of New Registered Agent 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 DATE 4/17/07 <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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BALLAST POINT HOMES DEVELOPMENT CORP 11300 4TH ST N, STE 200 SAINT PETERSBURG, FL 33716 <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	
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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 DATE 4/17/07 DAYTIME PHONE # 727-577-9197		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					