

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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



03102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0871205

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**

000000866836  
04/08/08-80045-018 138.75

**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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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 #