## 2005 LIMITED LIABILITY COMPANY

## FILED Jan 31, 2005 8:00 am

ANNUAL REPORT					Secretary of State			
DOCUMENT # L04000042124  1. Entity Name C2FS-SIX LLC				)		90204 037 ****5		
Principal Place of Business Mailing Address				7				
11300 FOUR	TH STREET NORTH STE. 200 URG, FL 33716	11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716		1	Eli <b>ab</b> in sian bon bon bon bon s	BBCII BJ9FB IIBSI IIBIB HBIN BI	<b>114</b> 1     1 <b>11</b> 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Num 55-08	ber 371208	——————————————————————————————————————	pplied For ot Applicable	
Zip	Country	Žip	Country	5. Certificate of Status Desired See Required Fee Required				
-	6. Name and Address of Current	Registered Agent		7. Name ar	nd Address of New Re	gistered Agent		
Name								
CHADWICK, JAMES M 11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716			Street Address	s (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
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 according to the obligations of registered agent.							, and accept	
THE COMBRIONS OF TOGETHER REPORTS.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								
						Jc		
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State				
9. MANAGING MEMBI		S/MANAGERS 10.		ADDITIONS/CHANGES				
TITLE	MGRM	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	C2FS Development (11300 4th St. N., St. Petersburg, F		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	Co. receibbarg, 11	Delete	TITLE			Change	Addition	
NAME		LT Delete	NAME			C) orange	L Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-\$1-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	· ·		☐ Change	☐ Addition	
NAME		□ Desete	NAME			E Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				:	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Defete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADORESS			STREET ADDRESS					

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 Development Corporation

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPET THE STEEL AME OF SCHOOL MANAGE SIGNATURE AND TYPET THE STEEL STEE NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE PROBLEMS TO MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

Change

Addition