


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90199 025 ****50.00

DOCUMENT # L04000042126	
1. Entity Name C2FS-SEVEN LLC	

Principal Place of Business 7606 W. SAND LAKE ROAD ORLANDO, FL 32819	Mailing Address 7606 W. SAND LAKE ROAD ORLANDO, FL 32819
--	--

2. Principal Place of Business - No P.O. Box # 9600 Koger Blvd	3. Mailing Address 9600 Koger Blvd
Suite, Apt. #, etc. 105	Suite, Apt. #, etc. 105
City & State Saint Petersburg, FL	City & State St. Petersburg, FL
Zip 33702	Country USA

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 55-0871210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FLEETING, ROBERT M 7606 W. SAND LAKE ROAD ORLANDO, FL 32819	
---	--

7. Name and Address of New Registered Agent Name Fleeting, Robert Street Address (P.O. Box Number is Not Acceptable) 9600 Koger Blvd Ste 105 City St. Petersburg, FL Zip Code 33702	
---	--

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 Robert Fleeting DATE 05/19/07
(NOTE: Registered Agent signature required when reappointing)

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 HANSEN, TOM 9600 KOGER BLVD STE 105 SAINT PETERSBURG, FL 33702 <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	MGRM FLEETING, ROBERT 11300 4TH ST N, STE 200 SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fleeting, Robert 9600 Koger Blvd #105 St. Petersburg, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK, HARRY 11300 4TH ST N, STE 200 SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chadwick, Harry 9600 Koger Blvd #105 St. Petersburg, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GASKIN, MICHAEL 11300 4TH ST N, STE 200 SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gaskin, Michael 9600 Koger Blvd #105 St. Petersburg, FL 33702 <input checked="" 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
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

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: <u>Michael Gaskin</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
---	---	------	-----------------