

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000042126

1. Entity Name
C2FS-SEVEN LLC



Principal Place of Business
**9600 KOGER BLVD
105
SAINT PETERSBURG, FL 33702**

Mailing Address
**9600 KOGER BLVD
105
SAINT PETERSBURG, FL 33702**



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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
9600 KOGER BLVD STE 105
SAINT PETERSBURG, FL 33702**

**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**

U00000944734
05/29/08-90111-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, TOM 9600 KOGER BLVD STE 105 SAINT PETERSBURG, FL 33702
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEETING, ROBERT 9600 KOGER BLVD 105 SAINT PETERSBURG, FL 33702
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK, HARRY 9600 KOGER BLVD 105 SAINT PETERSBURG, FL 33702
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GASKIN, MICHAEL 9600 KOGER BLVD 105 SAINT PETERSBURG, FL 33702
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS 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:

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

4/29/08

Date

727576 3803

Daytime Phone #