

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90082 046 \*\*\*\*50.00

20041605



04202006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000042131</b> 1. Entity Name <b>C2FS-EIGHT LLC</b>					
Principal Place of Business <b>11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716</b>			Mailing Address <b>11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716</b>		
2. Principal Place of Business <b>9600 Koger Blvd.</b> Suite, Apt. #, etc. <b>105</b>		3. Mailing Address <b>9600 Koger Blvd.</b> Suite, Apt. #, etc. <b>105</b>			
City & State <b>St. Petersburg, FL</b> Zip <b>33702</b> Country <b>US</b>		City & State <b>St. Petersburg, FL</b> Zip <b>33702</b> Country <b>US</b>		4. FEI Number <b>55-0871212</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHADWICK, JAMES M 11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716</b>			7. Name and Address of New Registered Agent Name <b>Robert Fietting</b> Street Address (P.O. Box Number is Not Acceptable) <b>9600 Koger Blvd. Ste 105</b> City <b>St. Petersburg, FL</b> Zip Code <b>33702</b>		
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 <b>R Fietting</b> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS <input checked="" type="checkbox"/> Delete			10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>MGRM</b> <input checked="" type="checkbox"/> Delete NAME <b>C2FS DEVELOPMENT CORPORATION</b> STREET ADDRESS <b>11300 4TH ST N, STE 200</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33716</b>			TITLE <b>MGRM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Fietting Robert</b> STREET ADDRESS <b>9600 Koger Blvd. Ste. 105</b> CITY-ST-ZIP <b>St. Petersburg, FL 33702</b>		
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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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					