


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90045 045 \*\*\*\*50.00

DOCUMENT # L04000042132		
1. Entity Name C2FS-NINE LLC		

Principal Place of Business 9600 ROGER BLVD 105 SAINT PETERSBURG, FL 33702	Mailing Address 9600 ROGER BLVD 105 SAINT PETERSBURG, FL 33702
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2. Principal Place of Business - No P.O. Box # 9600 Koger Blvd Suite, Apt. #, etc. 105 City & State Saint Petersburg, FL. Zip 33702 Country USA	3. Mailing Address 9600 Koger Blvd Suite, Apt. #, etc. 105 City & State Saint Petersburg, FL. Zip 33702 Country USA
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04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 55-0871215	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FLEETING, ROBERT 9600 KOGER BLVD STE 105 SAINT PETERSBURG, FL 33702	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLEETING, ROBERT 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date 4/27/07	Daytime Phone # 787 576 3803
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