


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90075 031 ****50.00

DOCUMENT # L04000042134 1. Entity Name C2FS-TEN LLC																											
Principal Place of Business 11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716		Mailing Address 11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716																									
2. Principal Place of Business 9600 Koger Blvd. Suite, Apt. #, etc. 105 City & State St. Petersburg, FL. Zip 33702 Country US		3. Mailing Address 9600 Koger Blvd. Suite, Apt. #, etc. 105 City & State St. Petersburg, FL. Zip 33702 Country US																									
4. FEI Number 55-0871251		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04202006 Chg-LLC CR2E083 (11/05)																									
6. Name and Address of Current Registered Agent CHADWICK, JAMES M ESQ 11300 FOURTH STREET NORTH STE. 200 ST. PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name Robert Flecting 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 <u>R Flecting</u> (NOTE: Registered Agent signature required when reinstating) DATE _____																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <input checked="" type="checkbox"/> Delete <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>C2FS DEVELOPMENT CORPORATION</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11300 4TH STREET N, SUITE 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33716</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	C2FS DEVELOPMENT CORPORATION		STREET ADDRESS	11300 4TH STREET N, SUITE 200		CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Flecting, Robert</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9600 Koger Blvd. Ste. 105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Petersburg, FL 33702</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Flecting, Robert		STREET ADDRESS	9600 Koger Blvd. Ste. 105		CITY-ST-ZIP	St. Petersburg, FL 33702	
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																									