

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-30-2007 90045 043 ****50.00

DOCUMENT # L04000042134

1. Entity Name
C2FS-TEN LLC



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

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

DO NOT WRITE IN THIS SPACE



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
55-0871251

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLEETING, ROBERT
9600 KOGER BLVD
SUITE 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

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

TITLE	
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CITY-ST-ZIP	

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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

4/27/07 **7275763803**
Date Daytime Phone #