2005 LIMITED LIABILITY COMPANY

Jan 24, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L04000069807** 01-24-2005 90107 021 ****50.00 1. Entity Name C&S DEVELOPMENT ONE LLC Principal Place of Business Mailing Address 20003679 11300 FOURTH STREET NORTH, SUITE 200 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 55-0886338 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHADWICK, JAMES M ESQ Street Address (P.O. Box Number is Not Acceptable) **RENFROW & CHADWICK** 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State DECT. MANAGING MEMBERS/MANAGERS 10 CT . YU ADDITIONS/CHANGES 9. TITLE TITI É ☐ Delete □ Change Addition NAME BALLAST POINT HOMES DEVELOPMENT CORP. NAME 11300 FOURTH STREET NORTH, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33716 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete_ TITLE Change - Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP4 CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME 42 50000 TO 2 2 7 9 FO 2-# OLDEDAY, 35% GDCE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

C, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

BALLAGT POINT HOMES DEVELOPMENT CORP.

BY:

SIGNATURE AND T

SIGNATURE:

FILED

(727) 577**–**9197

Daytime Phone #