

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000069810**

1. Entity Name

C&S DEVELOPMENT THREE LLC



Principal Place of Business

11300 FOURTH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33716

Mailing Address

11300 FOURTH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33716



03032006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0886345

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHADWICK, JAMES M ESQ  
RENFROW & CHADWICK  
11300 FOURTH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33716

**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, 2006**

UN0000464843  
03/22/06-30012-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BALLAST POINT HOMES DEVELOPMENT CORP.  
STREET ADDRESS 11300 FOURTH STREET NORTH, SUITE 200  
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

3/3/06

(727) 577-9197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Bruce R. Keene, President