


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/11

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-15-2006 90131 045 ****50.00

DOCUMENT # L05000100951 1. Entity Name C-TENSFELDT, LLC					
Principal Place of Business 5735 GRANDE RESERVE WAY, UNIT 403 NAPLES, FL 34110			Mailing Address 5735 GRANDE RESERVE WAY, UNIT 403 NAPLES, FL 34110		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01302006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent BRADLEY, TODD L ESQ. GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when releasing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TENSFELDT, CONSTANCE M TRUSTEE % 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108		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	
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	
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: <i>Constance M. Tensfeldt</i>			<i>2/13/06</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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