## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # L06000102521  1. Entity Name C4 ENTERPRISES, LLC						04-30-2008		' ***138	3.75
Principal Plac	e of Business	Mailing Address	•			044446	4		
1511 N. WEST SHORE BOULEVARD SUITE 420 TAMPA, FL 33607  1511 N. WEST SHORE BOUL SUITE 420 TAMPA, FL 33607  TAMPA, FL 33607				ARD		! <b>16</b>    <b>  1</b>      <b>1</b>      <b>11</b>     <b>11</b>     <b>1</b>			<b>118</b> /     1 <b>18</b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Numb 20-557		N		oplied For ot Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		5.00 Addee Require	
	6. Name and Address of Current	Registered Agent		Ness	7. Name and	Address of New F	Registered Ag	gent	
WEBER, SCOTT P				Name					
100 S. AS	PS DUNBAR, LLP HLEY DRIVE, STE 1900			Street Addres	dress (P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33601			City			FL	Zip Cod	le
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	named entity submits this statement for ions of registered agent.	or the purpose or changing its	registere	sa onice or regis	siered agent, or bu	un, in the state of Fit	unua. Famila	mmar with,	and accept
SIGNATURE .	<del></del>								
	Signature, typed or printed name of registered agent	and title if applicable (NOT	C. Conintered	Acent monature requ			DATE		
		The reportant. (NO)	E. Negistered	2 Agont agreede redo	ired when reinstating)	_	DATE		
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

813-679-0515

Daytime Phone #