2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002362

1. Entity Name
CFS INVESTMENTS, LLC

Principal Place of Business	Mailing Address
13040 GARDY BLVD. ST. PETERSBURG, FL 33702	13040 GARDY BLVD. ST. PETERSBURG, FL 33702

07092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3544220
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLEETING, ROBERT
13040 GARDY BLVD.
ST. PETERSBURG, FL 33702

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

000000169598
08/09/04-80003-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FLEETING, ROBERT
STREET ADDRESS	7140 PEBBLE BEACH LANE
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	MGR
NAME	SCHERER, CLARK H III
STREET ADDRESS	2152 14TH CIRCLE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33734
TITLE	MGR
NAME	CHADWICK, HARRY R
STREET ADDRESS	5830 BAHIA WAY SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #