2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 06, 2006 8:00 am
Secretary of State
05-04-2006 90033 046 ****50.00

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1. Entity Name
CFS INVESTMENTS, LLC

30009643

Principal Place of Business	Mailing Address
9600 KOGER BLVD, STE 105 ST. PETERSBURG, FL 33702	9600 KOGER BLVD, STE 105 ST. PETERSBURG, FL 33702

03132006 No Chg-LLC CR2E083 (11/05)

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
9600 KOGER BLVD, STE 105
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 R Fleeting
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

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 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: 6.2.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #