## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000010091

1. Entity Name CRIS PROPERTIES, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

BARRAGAN, RAQUEL 387 E MAIN ST APOPKA, FL 32703

387 E MAIN ST APOPKA, FL 32703 Mailing Address

387 E MAIN ST APOPKA, FL 32703



6. Name and Address of Current Registered Agent



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For	
20-4229411	Not Applicable	
5 Cartificate of Status Desired	\$5.00 Additional	

5. Certificate of Status Desired

Fee Required

DO NOT WRITE

8. The above the obliga	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or both, in the State of	of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NGTE: Registered Agent signaturs required when reinstating)	DATE
FILE After Ma	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	,	
9.	MANAGING MEMBERS/MANAGERS	· (如:"人")。如此《阿尔斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯	Unitary properties
TITLE	MGR	(1) 在 (1)	
NAME	BARRAGAN, RAQUEL		1009296747574115 (1) N
STREET ADDRESS	387 E MAIN ST	# 17 1 36 to 149 14 14 05 22 1VI	18-80076-016 (138.75) 🕮
CITY-ST-ZIP	APOPKA, FL 32703		
TITLE	MGRM		
NAME	BARRAGAN, NORBEL	[ *	
STREET ADDRESS	387 E MAIN ST		
CITY-ST-ZIP	APOPKA, FL 32703		
TITLE			
NAME		[9.4 \$5 x 3 2 x 3 2 x 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ng katalan da
STREET ADDRESS			MOITE
CITY-ST-ZIP			
TITLE		DO NOT INTHIS S	SPACE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		1   1   1   1   1   1   1   1   1   1	TOTAL PROPERTY OF THE STATE OF

11. I hereby certify that the information supplied with this filling 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: 2

NAME STREET ADDRESS CITY-ST-ZIP

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

4/22/08

Date

Daytime Phone #