


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000823	
1. Entity Name ITERA CIS LLC	

Principal Place of Business 28 OCTOBER AVENUE OMRANIA MIDDLE EAST CENTRE 313 LIMASSOL, CYPRUS, CY 3105 CY	Mailing Address 9995 GATE PARKWAY SUITE 400 JACKSONVILLE, FL 32246
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DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 98-0228788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
KOEGLER, STEVEN C ESQ. 9995 GATE PARKWAY SUITE 400 JACKSONVILLE, FL 32256	

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IN THIS SPACE

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 reinstalling) DATE _____

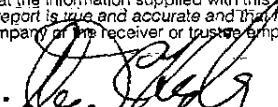
Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARAKOV, IGOR V PRES 9995 GATE PARKWAY SUITE 400 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, URS MGR 61 GOETHESTRASSE ST GALLEN, SWITZERLAND, SW CH-9008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIANYKH, YURI MGR 28 OCTOBER AVENUE LIMASSOL, CYPRUS, CY 3105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOROBYOV, SERGEY MGR 28 OCTOBER AVENUE LIMASSOL, CYPRUS, CY 3105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEGLER, STEVEN C MGR 9995 GATE PARKWAY STE. 400 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN00000329219
04/25/05-80104-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Steven C. Koeqler, Mgr. 3/23/05 904-996-8800**

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