

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021960

Entity Name: CMN PROPERTY, L.L.C.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

3315 OLEANDER AVE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

10900 PHILIPS HWY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 01-0548356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CISSEL, JAMES H
Address: 10900 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: MANNING, KIRBY W
Address: 10900 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: NOHEJL, MICHAEL
Address: 10900 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES H CISSEL

MGR

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date