

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021960

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

**FILED**  
**Apr 07, 2011**  
**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:**

CISSEL, JAMES H  
10900 PHILIPS HIGHWAY  
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  
Name: CISSEL, JAMES H  
Address: 10900 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: MANNING, KIRBY W  
Address: 10900 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: NOHEJL, MICHAEL  
Address: 10900 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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

04/07/2011

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