

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90145 045 \*\*\*\*50.00

**60004330**



01162007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000057218</b>					
1. Entity Name CIRA 1, LLC					
Principal Place of Business <del>1006 NE 4TH STREET</del> WILLISTON, FL 32696 US		Mailing Address <del>1006 NE 4TH STREET</del> WILLISTON, FL 32696 US		Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3689952</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHARON C BRANNAN CPA PA 161 N MAIN STREET WILLISTON, FL 32696			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRASUOLA, FRANK		NAME		
STREET ADDRESS	<del>1006 NE 4TH STREET</del>		STREET ADDRESS	<del>1006 NE 4TH STREET</del>	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP	940 NW 2nd Ave	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRASUOLA, JOYCE		NAME		
STREET ADDRESS	<del>1006 NE 4TH STREET</del>		STREET ADDRESS	940 NW 2nd Ave	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Joyce Cirasuola</u>		Date: <u>1-18-07</u>		Daytime Phone #: <u>352-529-0211</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					