

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109353

Entity Name: CIS MRI LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

7419 ALTAMA ROAD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

2421 NESS COURT
POWELL, OH 43065 US

Current Mailing Address:

7419 ALTAMA ROAD
JACKSONVILLE, FL 32216 US

New Mailing Address:

2421 NESS COURT
POWELL, OH 43065 US

FEI Number: 51-0561435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PISULA, JOSEPH J
7419 ALTAMA ROAD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

INGARDIA, MICHAEL
7419 ALTAMA ROAD
JACKSONVILLE, FL 32216 US

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: MICHAEL INGARDIA

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MERIDIAN RESIDENTIAL, INC.
Address: 7419 ALTAMA ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGR (X) Delete
Name: INGARDIA HOLDINGS LLP
Address: 5411 VINNINGS LAKEVIEW SW
City-St-Zip: MABELTON, GA 30126 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: INGARDIA HOLDINGS LLP
Address: 2421 NESS COURT
City-St-Zip: POWELL, OH 43065 US

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: MICHAEL INGARDIA

MGMR

04/14/2009

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