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**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000091196

1. Entity Name
CISAN FAMILY LLC



Principal Place of Business
**7775 GLADIOLUS DRIVE
 FT. MYERS, FL 33908**

Mailing Address
**7775 GLADIOLUS DRIVE
 FT. MYERS, FL 33908**

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Subs. Apr. P., etc.
 Subs. Apr. P., etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

4. FEI Number:
26-0457422

5. Certificate of Status Desired \$5.00 Additional Fee Required

07/11/07 90012 015 \$50.00
 05252007 Cng-LLC CR2E083 (1/2/06)

30012535

6. Name and Address of Current Registered Agent
**CISAN, DAVID J SR.
 7775 GLADIOLUS DRIVE
 FT. MYERS, FL 33908**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____
(Signature, Name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

Filing Fee is \$50.00
 Due by September 14, 2007

Make check payable to
 Florida Department of State

8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	M. JEANNE CISAN, MANAGING MEMBER 7775 GLADIOLUS DRIVE FORT MYERS, FLORIDA 33908	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D.J. CISAN JR., MANAGING MEMBER 7775 GLADIOLUS DRIVE FORT MYERS, FLORIDA 33908	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DEBORAH CISAN, MANAGING MEMBER 26126 HIRSTEAD DR EVERGREEN, COLORADO 80439	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DARLENE CISAN MACKINTOSH, MANAGING MEMBER 530 ELDRON DRIVE, UNIT 7A MIAMI SPRINGS, FLORIDA 33166	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

10. 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *David J. Cisan Sr.*
SIGNATURE AND TITLE OR PRINTED NAME OF SOME MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE