

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000037872

Entity Name: CIS PROPERTIES, LLC

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8001 N. DALE MABRY HIGHWAY, SUITE #601  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8001 N. DALE MABRY HIGHWAY, SUITE #601  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 20-8825333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHEWNING, ROGER B  
8001 N. DALE MABRY HIGHWAY, SUITE #601  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

CHEWNING, ROGER B PRES.  
8001 N. DALE MABRY HIGHWAY, SUITE #601  
TAMPA, FL 33614 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: SANDRA M. CHEWNING

04/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: CHEWNING, ROGER B  
Address: 8001 N. DALE MABRY HIGHWAY, SUITE #601  
City-St-Zip: TAMPA, FL 33614

Title: VP  
Name: CHEWNING, SANDRA M  
Address: 8001 N. DALE MABRY HIGHWAY, SUITE #601  
City-St-Zip: TAMPA, FL 33614

Title: MGR  
Name: DEMMI, LISA L  
Address: 8001 N. DALE MABRY HIGHWAY, SUITE #601  
City-St-Zip: TAMPA, FL 33614

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: SANDRA M. CHEWNING

VP

04/12/2010

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