

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091425

Entity Name: CIRS MANAGEMENT LLC

FILED  
Apr 06, 2012  
Secretary of State

**Current Principal Place of Business:**

2550 GOODLETTE ROAD NORTH  
SUITE 100  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

3495 PEACHTREE PKWY., SUITE D-218  
SUWANEE, GA 30024

**New Mailing Address:**

3245 PEACHTREE PKWY., SUITE D-218  
SUWANEE, GA 30024

FEI Number: 27-0986344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORINA, ROBERT D  
2550 GOODLETTE ROAD NORTH  
SUITE 100  
NAPLES, FL 34103 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: FLOOD, THOMAS J  
Address: 2550 GOODLETTE ROAD NORTH, SUITE 100  
City-St-Zip: NAPLES, FL 34103

Title: P  
Name: FLOOD, THOMAS J  
Address: 2550 GOODLETTE ROAD NORTH, SUITE 100  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: CORINA, ROBERT D  
Address: 2550 GOODLETTE ROAD NORTH, SUITE 100  
City-St-Zip: NAPLES, FL 34103

Title: VPTS  
Name: O'CONNOR, JOHN D  
Address: 3245 PEACHTREE PKWY, STE D-218  
City-St-Zip: SUWANEE, GA 30024

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: THOMAS J. FLOOD

MGR

04/06/2012

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