

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091842

FILED  
Mar 04, 2011  
Secretary of State

Entity Name: CIRS FINANCING LLC

**Current Principal Place of Business:**

3003 TAMIAMI TRAIL NORTH SUITE 400  
NAPLES, FL 34103

**New Principal Place of Business:**

2550 GOODLETTE ROAD NORTH, SUITE 100  
NAPLES, FL 34103

**Current Mailing Address:**

3245 PEACHTREE PARKWAY #D-302  
SUWANEE, GA 30024

**New Mailing Address:**

3495 PEACHTREE PARKWAY, STE 114-218  
SUWANEE, GA 30024

FEI Number: 61-1604095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORINA, ROBERT D  
3003 TAMIAMI TRAIL NORTH SUITE 400  
NAPLES, FL 34103 US

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

CORINA, ROBERT D  
2550 GOODLETTE ROAD NORTH, SUITE 100  
NAPLES, FL 34103 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:

03/04/2011

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: VPT  
Name: O'CONNOR, JOHN D  
Address: 3495 PEACHTREE PARKWAY, STE 114-218  
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

03/04/2011

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