

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004259

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** CNLRS BISMARCK ND, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
SUITE 900  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

450 S. ORANGE AVENUE  
SUITE 900  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 56-2482307      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGRM ( ) Delete  
**Name:** CNLRS EQUITY VENTURE, S, INC.  
**Address:** 450 S. ORANGE AVENUE, STE 900  
**City-St-Zip:** ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

**Title:** MM (X) Change ( ) Addition  
**Name:** CNLRS EQUITY VENTURE, S, INC.  
**Address:** 450 S. ORANGE AVENUE, STE 900  
**City-St-Zip:** ORLANDO, FL 32801

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: CHRISTOPHER P TESSITORE

EVP

04/23/2008

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