2005 LIMITED LIABILITY COMPANY

FILED Apr 29, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # L03000031146 CYPRESS POINTE OF MACCLENNY, LLC Principal Place of Business Mailing Address **4501 BEVERLY AVENUE 4501 BEVERLY AVENUE** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 04182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1182857 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATLEE, KENYON S DO NOT WRITE 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210 IN THIS SPACE 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 Signature, typad or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ATLEE, KENYON S NAME 100000342246 STREET ADDRESS 4501 BEVERLY AVE 04/29/05-80047-019 50.00 JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

unen SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME O SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #