2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031146

1. Entity Name
CYPRESS POINTE OF MACCLENNY, LLC

Principal Place of Business	Mailing Address
5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210	5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

60027452

04162008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
57-1182857		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
5851 TIMUQUANA RD., STE 301
JACKSONVILLE, FL 32210

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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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KENDALE G.P. INC.
STREET ADDRESS	5851 TIMUQUANA RD., STE 301
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _Kenyon S Attee_   Kenyon S Atlee   4/17/08   904 384 6964

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