

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90061 020 ***143.75



DOCUMENT # L05000104957

1. Entity Name
4720 WEST CYPRESS, LLC

Principal Place of Business
**4720 W. CYPRESS STREET, 2ND FLOOR
 TAMPA, FL 33607**

Mailing Address
**4720 W. CYPRESS STREET, 2ND FLOOR
 TAMPA, FL 33607 3604 W. SWANN AVE.
 TAMPA, FL 33609**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3986247

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, BARBARA W
 4720 W. CYPRESS STREET
 STE 200
 TAMPA, FL 33607**

**3604 W. SWANN AVE.
 TAMPA, FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME PARKER, BARBARA W **3604 W. SWANN AVE**
 STREET ADDRESS **4720 W. CYPRESS STREET, 2ND FLOOR**
 CITY-ST-ZIP **TAMPA, FL 33607 TAMPA, FL 33609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

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: *Barbara W. Parker* **2/8/08** **813-876-4840**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #