

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054225

**FILED**  
**Apr 25, 2007**  
**Secretary of State**

**Entity Name:** NEESE CYPRESS SQUARE, LLC

**Current Principal Place of Business:**

12661 METRO PARKWAY  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

12661 METRO PARKWAY  
FORT MYERS, FL 33966 US

**Current Mailing Address:**

12661 METRO PARKWAY  
FORT MYERS, FL 33912 US

**New Mailing Address:**

12661 METRO PARKWAY  
FORT MYERS, FL 33966 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

NEESE, EDDIE E  
12661 METRO PARKWAY  
FORT MYERS, FL 33912 US

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

NEESE, EDDIE E  
12661 METRO PARKWAY  
FORT MYERS, FL 33966 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: EDDIE E. NEESE

04/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NEESE, EDDIE E  
Address: 12661 METRO PARKWAY  
City-St-Zip: FORT MYERS, FL 33912 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NEESE, EDDIE E  
Address: 12661 METRO PARKWAY  
City-St-Zip: FORT MYERS, FL 33966 US

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: EDDIE E. NEESE

MGRM

04/25/2007

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