

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000947

1. Entity Name
CYPRESS POINTE II, L.L.C.

FILED

01 AUG 28 PM 12:17

Principal Place of Business
**3301 WEST END AVE., SUITE 200
NASHVILLE TN 37203**

Mailing Address
**3301 WEST END AVE., SUITE 200
NASHVILLE TN 37203**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
627833207

Applied For
 Not Applicable

Zip Country

Zip Country

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

**NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301**

Name
JOHN CARTER
Street Address (P.O. Box Number is Not Acceptable)
3105 BAY OAKS COURT
City **Tampa** FL Zip Code **33629**

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.

SIGNATURE _____ DATE **8/17/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

**700004571227--3
-09/05/01--01075--028
*****50.00 *****50.00**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MEM	L. MARC CARTER		
STREET ADDRESS	3301 WEST END AVE		
CITY-ST-ZIP	NASHVILLE, TN 37203		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **L. Marc Carter** **8/17/01**
SIGNATURE REQUIRED

CR2E083 (5/01)