

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90086 041 \*\*\*138.75

DOCUMENT # L00000004845

1. Entity Name  
VINELAND CYPRESS L.L.C.



Principal Place of Business  
6545 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819

Mailing Address  
6545 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819

60006434



2. Principal Place of Business - No P.O. Box #  
9101 SOUTHERN BREEZE DR  
Suite, Apt. #, etc.

3. Mailing Address  
9101 SOUTHERN BREEZE DR  
Suite, Apt. #, etc.

01302008 Chg-LLC CR2E083 (12/06)

City & State  
ORLANDO. FL.  
Zip 32836 Country U.S.A.

4. FEI Number  
59-3669883  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PRADEEP, PATEL  
6545 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819

## 7. Name and Address of New Registered Agent

Name  
PRADEEP PATEL  
Street Address (P.O. Box Number is Not Acceptable)  
9101 SOUTHERN BREEZE DR.  
City ORLANDO FL Zip 32836

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 *P. Patel*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 01/31/08

**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

TITLE  
NAME MGRM  
STREET ADDRESS PRADEEP, PATEL  
CITY-ST-ZIP 6545 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819 ☒ Delete

TITLE  
NAME MGR  
STREET ADDRESS PATEL, DAKSHA  
CITY-ST-ZIP 6545 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS PRADEEP PATEL  
CITY-ST-ZIP 9101 SOUTHERN BREEZE DR  
ORLANDO, FL 32836 ☒ Change ☐ Addition

TITLE  
NAME MGR  
STREET ADDRESS PATEL DAKSHA  
CITY-ST-ZIP 9101 SOUTHERN BREEZE DR  
ORLANDO, FL 32836 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/31/08 407-363-0101