


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUL 21 AM 11:37

DOCUMENT # L00000016154 1. Entity Name BIG CYPRESS ASSET MANAGEMENT, LLC	
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Principal Place of Business 5821 SILVER MOON AVENUE TAMPA, FL 33625	Mailing Address 5821 SILVER MOON AVENUE TAMPA, FL 33625
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DO NOT WRITE IN THIS SPACE



05042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3692699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PALMER, TODD R 5821 SILVER MOON AVENUE TAMPA, FL 33625

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 6, 2006**

500078285805
08/02/06--01064--028 **\$50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALMER, TODD R 5821 SILVER MOON AVE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALMER, KERI D 5821 SILVER MOON AVE TAMPA, FL 33625
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  6/30/06 813 9182585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #