


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90032 029 ****50.00

DOCUMENT # L01000005845	
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1. Entity Name
BIG CYPRESS PROPERTIES, LLC

Principal Place of Business
4420 BEACON CIRCLE, SUITE 100
WEST PALM BEACH, FL 33407

Mailing Address
4420 BEACON CIRCLE, SUITE 100
WEST PALM BEACH, FL 33407



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1095046

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	
DAMON, CONRAD 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAME-HALTY, PATRICIA A 18728 BIG CYPRESS DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

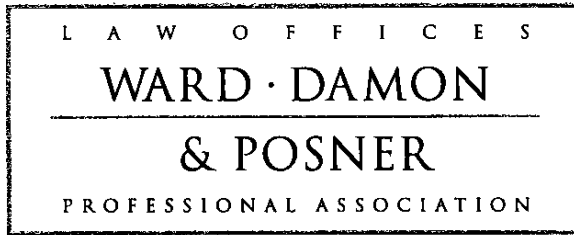
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Patricia Brame-Halty Patricia Brame-Halty 4-27-06

ATTACHMENT



40088372

Conrad Damon
E-mail: cdamon@warddamon.com

4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

TEL: (561) 842-3000 • FAX: (561) 842-3626

May 3, 2006

Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 6478
Tallahassee, FL 32314

Re: Big Cypress Properties, LLC

To Whom It May Concern:

Enclosed please find the 2006 Uniform Business Report for the above-referenced corporation along with our firm's check for \$50.00 for filing the Report.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "G. Jenkins".

Geri Jenkins,
Legal Assistant to Conrad Damon

CD/gaj
Enclosures

cc: Patricia Brame-Halty