2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
05-01-2008 90021 033 ***138.75

BIG CYPRESS PROPERTIES, LLC 60036842 Mailing Address Principal Place of Business 4420 BEACON CIRCLE, SUITE 100 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02212008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 65-1095046 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAMON, CONRAD Street Address (P.O. Box Number is Not Acceptable) 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE स्त्राचार करवार के किया करते हैं। स्वर्ध के किया करते हैं। स्वर्ध के किया करते हैं। स्वर्ध के किया करते हैं। स Make check payable to the stage of t THE THE WHAT ME THE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE ☐ Change ☐ Addition TUTLE ☐ Delete BRAME-HALTY, PATRICIA A NAME NAME 18728 BIG CYPRESS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP ☐ Addition Channe ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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 accordate 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME STREET ADDRESS

Delete

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS] .

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

JRE:

OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

☐ Change

☐ Addition