

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010250

1. Entity Name
CYPRESS POINTE AT CORAL SPRINGS, LLC



Principal Place of Business
601 BAYSHORE BLVD., STE. 650
TAMPA, FL 33606

Mailing Address
601 BAYSHORE BLVD., STE. 650
TAMPA, FL 33606



DO NOT WRITE IN THIS SPACE

04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3733801

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUNK, CHARLES B
601 BAY SHORE BLVD STE 650
TAMPA, FL 33602

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FUNK, CHARLES B
STREET ADDRESS 601 BAYSHORE BLVD., SUITE 650
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR
NAME MEEHAM, JEFFERY
STREET ADDRESS 601 BAYSHORE BLVD., SUITE 650
CITY-ST-ZIP TAMPA, FL 33606

TITLE
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

26 Apr 05 (817) 251-1221