2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# L01000012497

Entity Name: 5001 CYPRESS, LLC

Current Principal Place of Business:

5001 W. CYRPESS
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5001 W. CYRPESS
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3734259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAYLORD, CARY S
5001 W. CYRPESS
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	GAYLORD, CARY S	
Address:	5001 W. CYRPESS	
City-St-Zip:	TAMPA, FL 33607	
Title:	MGRM	( ) Delete
Name:	MERLIN, KIMBEL L	
Address:	5001 W. CYRPESS	
City-St-Zip:	TAMPA, FL 33607	
Title:	MGRM	( ) Delete
Name:	LUDOVICI, LORENA H	
Address:	5001 W. CYRPESS	
City-St-Zip:	TAMPA, FL 33607	
Title:	MGRM	( ) Delete
Name:	DIAZ, ANDREW G	
Address:	5001 W. CYRPESS	
City-St-Zip:	TAMPA, FL 33607	
Title:	MGRM	( ) Delete
Name:	BAIN, PAUL D	
Address:	5001 W. CYRPESS	
City-St-Zip:	TAMPA, FL 33607	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: S. CARY GAYLORD MGRM 03/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date