

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012497

Entity Name: 5001 CYPRESS, LLC

FILED
Feb 23, 2006
Secretary of State

Current Principal Place of Business:

5001 W. CYPRESS
TAMPA, FL 33607

New Principal Place of Business:

5001 W. CYPRESS
TAMPA, FL 33607

Current Mailing Address:

5001 W. CYPRESS
TAMPA, FL 33607

New Mailing Address:

5001 W. CYPRESS
TAMPA, FL 33607

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. CYPRESS
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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

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: S. CARY GAYLORD

02/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAYLORD, CARY S
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: MERLIN, KIMBEL L
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: LUDOVICI, LORENA H
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: DIAZ, ANDREW G
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: BAIN, PAUL D
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAYLORD, CARY S
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change () Addition
Name: MERLIN, KIMBEL L
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change () Addition
Name: LUDOVICI, LORENA H
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change () Addition
Name: DIAZ, ANDREW G
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change () Addition
Name: BAIN, PAUL D
Address: 5001 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/23/2006

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