

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000005006

FILED  
Aug 13, 2003  
Secretary of State

Entity Name: NORTH FLORIDA CYPRESS, L.L.C.

**Current Principal Place of Business:**

295 SAWGRASS ROAD  
BUNNELL, FL 32110

**New Principal Place of Business:**

1512 HIGHWAY 17 NORTH  
BOSTWICK, FL 32007

**Current Mailing Address:**

PO BOX 1207  
BUNNELL, FL 32110

**New Mailing Address:**

FEI Number: 01-0614795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WODRICH, MICHAEL A  
1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

ALLMAN, WILLIAM P  
PO BOX 1207  
BUNNELL, FL 32110 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: WILLIAM P ALLMAN      08/13/2003  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BUNNELL CYPRESS COMP, ANY, LLC  
Address: PO BOX 1207  
City-St-Zip: BUNNELL, FL 32110 12

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: WILLIAM P ALLMAN      MGR      08/13/2003  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date