


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

| | |
|---|---|
| DOCUMENT # L02000005231 |  |
| 1. Entity Name Picerne Cypress Shores, LLC | |

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------|
| 2. Principal Place of Business 247 North Westmonte Drive | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Altamonte Springs, FL | City & State |
| Zip 32714 | Country USA |

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| | |
|--|---|
| 4. FEI Number 11-3679780 <i>Pending</i> | <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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IN THIS SPACE**

| | |
|--|-------------------|
| 7. Name and Address of Current Registered Agent | |
| Name W. Terry Costolo | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 301 E. Pine Street, Suite 1400 | |
| City Orlando | FL Zip Code 32301 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | |
|---|---|
| FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 | 100014095686 14/03--01092--003 **55.00 |
|---|---|

| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager / Member Robert M. Picerne 247 N. Westmonte Drive Altamonte Springs, FL 32714 | TITLE NAME STREET ADDRESS 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)(i), 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: _____ 3/11/03 407-772-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)