2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014042

Address:

City-St-Zip:

970 CYPRESS VILLAGE BLVD.

SUN CITY CENTER, FL 33573

FILED Apr 11, 2007 Secretary of State

Entity Name: CYPRESS CREEK ASSITED LIVING RESIDENCE MANAGEMENT, LLC

Current Principal Place of Business: New Principal Place of Business: 970 CYPRESS VILLAGE BLVD SUN CITY CENTER, FL 33573 **Current Mailing Address: New Mailing Address:** 970 CYPRESS VILLAGE BLVD SUN CITY CENTER, FL 33573 FEI Number: 14-1843391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIGGINS, JAMES J BIGGINS, JAMES J 873 CYPRESS VILLAGE BLVD. 970 CYPŘESS VILLAGE BLVD. SUN CITY CENTER, FL 33573 US SUN CITY CENTER, FL 33573 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: JAMES J. BIGGINS 04/11/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BIGGINS, JAMES J Name: Name: 970 CYPRESS VILLAGE BLVD. Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BIGGINS, MICHAEL R Name: Name: Address: 970 CYPRESS VILLAGE BLVD. Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BIGGINS, KRISTIN Name: Name: Address: 970 CYPRESS VILLAGE BLVD. Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BIGGINS, KIMBERLY Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES J. BIGGINS MR. 04/11/2007