2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L02000020606

Entity Name: CYPRESS CREEK GROVE, L.L.C.

Current Principal Place of Business:

891 W COWBOY WAY
LABELLE, FL 33935 US

New Principal Place of Business:

891 W COWBOY WAY
SUITE 1
LABELLE, FL 33935 US

Current Mailing Address:

P.O. DRAWER 2310
LABELLE, FL 33975 US

New Mailing Address:

P.O. DRAWER 2310
LABELLE, FL 33935 US

FEI Number: 30-0117315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOBLES, LEWIS J JR.
620 FORT THOMPSON AVE.
LABELLE, FL 33935 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/MANAGERS:

Title: MGRM ( ) Delete
Name: NOBLES, LEWIS J JR.
Address: 620 FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935 US

Title: MGR ( ) Delete
Name: NOBLES, LEWIS J III
Address: 598 FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935 US

Title: MGR ( ) Delete
Name: MURRAH, G D
Address: 700 FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935 US

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:

I hereby certify that the information supplied with this filing does not qualify 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: LEWIS J NOBLES JR MGRM 04/16/2009

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