

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90023 004 ****50.00

DOCUMENT # L02000026966

1. Entity Name
CYPRESS LAKE CORPORATE CENTER, LLC



Principal Place of Business

1520 ROYAL PALM SQUARE BLVD., STE 360
FORT MYERS, FL 33919

Mailing Address

1520 ROYAL PALM SQUARE BLVD., STE 360
FORT MYERS, FL 33919

24064968



04232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1851098

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWEN, ARNOLD A ESQ. *ARNOLD, BOWEN A, ESQ*
1520 ROYAL PALM SQUARE BLVD.
SUITE 360
FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BOWEN, ARNOLD A *BOWEN A*
STREET ADDRESS 1520 ROYAL PALM SQUARE, STE 360
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE MGRM
NAME MILLER, ERIC C
STREET ADDRESS 1520 ROYAL PALM SQUARE, STE 360
CITY-ST-ZIP FORT MYERS, FL 33919

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CITY-ST-ZIP

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IN THIS SPACE**

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: *BOWEN A ARNOLD, MGRM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/04

239 275 8029