2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
04-18-2003 90078 037 ****50.00

DOCUMENT # L02000026966

1. Entity Name
CYPRESS LAKE CORPORATE CENTER, LLC

Principal Place of Business	Mailing Address
1520 ROYAL PALM SQUARE BOULEVARD, STE 360 FORT MYERS FL 33919	1520 ROYAL PALM SQUARE BOULEVARD, STE 360 FORT MYERS FL 33919

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
HAMLIN, CURTIS D ESQ PORGES HAMLIN KNOWLES & PROUTY, P.A. 1205 MANATEE AVE. W BRADENTON FL 34205	Name: Bowen A. Arnold, Esq. Street Address (P.O. Box Number is Not Acceptable): 1520 Royal Palm Square Blvd. Suite 360 City: Fort Myers FL Zip Code 33919

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: Bowen A Arnold — DATE: 2/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGMR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOWEN A ARNOLD	NAME	
STREET ADDRESS	1520-360 ROYAL PALM SQ BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33919	CITY-ST-ZIP	
TITLE	MGMR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ERIC C. MILLER	NAME	
STREET ADDRESS	1520-360 ROYAL PALM SQ BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FLA 33919	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: SIGNATURE REQUIRED Arnold — Date: 3/7/03 — Daytime Phone #: 239 275 8029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE