

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L02000031832

1. Entity Name
CYPRESS CREEK GROUP, LLC



Principal Place of Business
200 WEST FORSYTH STREET, SUITE 1600
JACKSONVILLE, FL 32202

Mailing Address
200 WEST FORSYTH STREET, SUITE 1600
JACKSONVILLE, FL 32202



03112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1431865

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWTON, RUSSELL B III
200 WEST FORSYTH STREET, SUITE 1600
JACKSONVILLE, FL 32202

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SKINNER BROS. REALTY CORP.
2963 DUPONT AVE., STE 2
JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
NEWTON, RUSSELL B III
200 W. FORSYTH ST., STE 1600
JACKSONVILLE, FL 322024358

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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NAME
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CITY - ST - ZIP

U000000861389
04/03/08-80006-017 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Russell B. Newton*

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

Russell B. Newton, 3/14/08

Date

904-356-1739

Daytime Phone #