




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90118 009 ****50.00

DOCUMENT # L03000002400 1. Entity Name CYPRESS BREEZE II, L.L.C.					
Principal Place of Business 276 MARWOOD DRIVE BIRMINGHAM, AL 35244			Mailing Address 276 MARWOOD DRIVE BIRMINGHAM, AL 35244		
2. Principal Place of Business 40001 Emerald Coast Pkwy Suite, Apt. #, etc.		3. Mailing Address 40001 Emerald Coast Pkwy Suite, Apt. #, etc.			
City & State Destin FL		City & State Destin FL		4. FEI Number 06-1676687	
Zip 32541		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, DANA C ESQ MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 90 EAST DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Matthews Dana C ESQ Street Address (P.O. Box Number is Not Acceptable) Matthews & Hawkins PA 4475 Legendary DR Box 40 City Destin FL FL Zip Code 32541	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CYPRESS BREEZE CD, INC. 276 MARWOOD DRIVE BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	member CYPRESS BREEZE CD, INC. 276 Marwood Drive Birmingham AL 35244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Featherbed Lane 40001 Emerald Coast Pkwy Destin FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  VP				43004 8506542211	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	