

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 AM 8:49

DOCUMENT # L03000023183 1. Entity Name THE MEADOWS AT CYPRESS GARDENS, L.L.C.	
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Principal Place of Business 5890 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884	Mailing Address 5890 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884
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02262008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

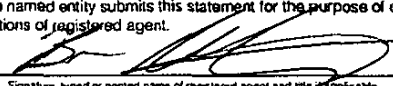
4. FEI Number 20-0057088	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CASTLEBERG, BENJAMIN
141 EAST CENTRAL AVENUE
SUITE 340
WINTER HAVEN, FL 33884

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.

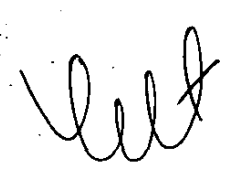
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE: 5/5/08

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	MGR CASTLEBERG, BENJAMIN 141 E. CNTRL AVE. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTLEBERG, PHILIP 141 E. CNTRL AVE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  DATE: 5/5/08 DAYTIME PHONE #