

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90058 050 ****55.00

20018651



DOCUMENT # L04000006695 1. Entity Name CYPRESS ELECTRIC ENTERPRISE LLC					
Principal Place of Business 9872 TEMPLE AVE HAMPTON, FL 32044 US			Mailing Address 9872 TEMPLE AVE HAMPTON, FL 32044 US		
2. Principal Place of Business 9872 TEMPLE AVE		3. Mailing Address P.O. BOX 418			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HAMPTON FL.		City & State GRAHAM FL.		4. FEI Number 04-378 1032	
Zip 32044		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORAN, JACKIE 9872 TEMPLE AVE HAMPTON, FL 32044			7. Name and Address of New Registered Agent Name JACKIE MORAN Street Address (P.O. Box Number is Not Acceptable) 9872 TEMPLE AVE City HAMPTON FL Zip Code 32044		
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 PRESIDENT MORAN DATE 3-3-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, JACKIE 9872 TEMPLE AVE HAMPTON, FL 32044 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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:			Date 3-3-05 Daytime Phone # 352-468-1370		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					