

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011712

FILED
Apr 29, 2005
Secretary of State

Entity Name: CYPRESS HAMMOCK, L.L.C.

Current Principal Place of Business:

1520 ROYAL PALM SQUARE BLVD, STE 360
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1520 ROYAL PALM SQUARE BLVD, STE 360
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 16-1691902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMLIN, CURTIS D ESQ
PORGES, HAMLIN, KNOWLES & PROUTY, PA
1205 MANATEE AVE. WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

ARNOLD, BOWEN A ESQ
1520 ROYAL PALM SQUARE BLVE.
360
FORT MYERS, FL 33919 US

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.

SIGNATURE: BOWEN A. ARNOLD

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CYPRESS HAMMOCK, INC.,
Address: 1520 ROYAL PALM SQUARE BLVD., SUITE 360
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Change (X) Addition
Name: LEE COUNTY HOUSING DEVELOPMENT CORPORATION
Address: 1288 N. TAMiami TRAIL
City-St-Zip: FORT MYERS, FL 33903

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 electronic 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: BOWEN A. ARNOLD

MGMR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date