

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90022 005 ****50.00

DOCUMENT # L04000025973

1. Entity Name

CYPRESS PLAZA WAREHOUSE CONDOS, LLC



Principal Place of Business

11202 ST. JOHNS INDUSTRIAL PARKWAY NO
SUITE #1
JACKSONVILLE FL 32246

Mailing Address

11202 ST. JOHNS INDUSTRIAL PARKWAY NO
SUITE #1
JACKSONVILLE FL 32246



2. Principal Place of Business

3740 ST. John's Bluff Rd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Jacksonville FL

City & State

SAME

4. FEI Number

20-0989360

Applied For

Not Applicable

Zip

32224

Country

Dual

Zip

32224

Country

Dual

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WALSHAW, LARRY
STREET ADDRESS 11202 ST. JOHNS INDUSTRIAL PARKWAY N #1
CITY-ST-ZIP JACKSONVILLE FL 32246

10. ADDITIONS/CHANGES

TITLE mbr ☒ Change ☐ Addition
NAME Larry Walshaw
STREET ADDRESS 3740 St. John's Bluff Rd S#16
CITY-ST-ZIP Jacksonville, FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

3/28/06 904-759-1674