

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000035908

Entity Name: CYPRESS CENTER, LLC

FILED  
Jun 13, 2006  
Secretary of State

**Current Principal Place of Business:**

14900 GULF BLVD., SUITE 504  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

14900 GULF BLVD., SUITE 504  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

FEI Number: 20-1113403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOYER, THOMAS W  
14900 GULF BLVD., SUITE 504  
MADEIRA BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOYER, THOMAS W  
Address: 14900 GULF BLVD #504  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: MGR ( ) Delete  
Name: ROEDER, RONALD S  
Address: 1222 SW 54TH ST  
City-St-Zip: CAPE CORAL, FL 33914

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: ROEDER, CAROL  
Address: 1222 SW 54TH ST  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS W BOYER

MGR

06/13/2006

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