2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# L04000035908

Entity Name: CYPRESS CENTER, LLC

Current Principal Place of Business:

229 DEL PRADO
CAPE CORAL, FL 33915

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
MADERIA 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:	PO BOX 152463	
City-St-Zip:	CAPE CORAL, FL 33915	
Title:	MGR	( ) Delete
Name:	ROEDER, CAROL	
Address:	PO BOX 152463	
City-St-Zip:	CAPE CORAL, FL 33915	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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 01/05/2008

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