


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90151 001 ***277.50

DOCUMENT # L04000048338	
1. Entity Name THE CYPRESS OF TAMPA LLC	

Principal Place of Business 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610	Mailing Address 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610
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30005499



2. Principal Place of Business - No P.O. Box # 6401 E County Line RD Suite, Apt. #, etc.	3. Mailing Address 12570 TELECOM DRIVE Suite, Apt. #, etc.
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01042008 Chg-LLC CR2E083 (12/06)

City & State TAMPA FL	City & State TEMPLE TERRACE FL
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4. FEI Number 20-1934572	Applied For <input type="checkbox"/> Not Applicable
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Zip 33617	County Hillsborough	Zip 33637	County Hillsborough
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COMER, GORDON 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMER, GORDON 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12570 Telecom Drive Temple Terrace FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 exemptions contained in Chapter 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: <u>Gordon Comer, Manager</u>	Date: <u>4/28/08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	