



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90016 023 ****55.00

DOCUMENT # L04000049186 1. Entity Name GOODBYS CYPRESS, LLC					
Principal Place of Business 512 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082			Mailing Address 512 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02142005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARNOLD, MARK M 512 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
11. 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 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: 		Mark M. Arnold		2/14/05	904-346-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	