2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L04000050825

Entity Name: 5020 W. CYPRESS, L.L.C.

Current Principal Place of Business:

6914 EAST FOWLER AVE
SUITE J
TAMPA, FL 336171705 US

New Principal Place of Business:

Current Mailing Address:

6914 EAST FOWLER AVE
SUITE J
TAMPA, FL 336171705 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKLEY, A. S. JR.
6914 EAST FOWLER AVE
SUITE J
TAMPA, FL 336171705 US

Name and Address of New Registered Agent:

WEEKLEY, JR., A. S.
6914 EAST FOWLER AVE
SUITE J
TAMPA, FL 336171705 US

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: A. S. WEEKLEY, JR. 04/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WEEKLEY, A. S. JR
Address: 6914 EAST FOWLER AVE
City-St-Zip: TAMPA, FL 336171705 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WEEKLEY, JR., A. S.
Address: 6914 EAST FOWLER AVE
City-St-Zip: TAMPA, FL 336171705 US

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: A. S. WEEKLEY, JR. MGR 04/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date