

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000070700

FILED
Dec 13, 2006
Secretary of State

Entity Name: CYPRESS#2, LLC

Current Principal Place of Business:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 20-4384590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNER, RICHARD M
9200 S. DADELAND BLVD., STE. 509
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

RAX CO.
50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 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: HALCYON E. SKINNER, ESQ.

12/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOND, PETER D
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US

Title: MGR (X) Delete
Name: WALTON, STEVEN P
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440

Title: MGR (X) Delete
Name: SAMUELS, RICHARD J
Address: 2954 AIRGLADES BLVD
City-St-Zip: CLEWISTON, FL 33440 US

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 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: PETER D. BOND

MGR

12/13/2006

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