

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070700

Entity Name: CYPRESS#2, LLC

FILED  
Apr 14, 2008  
Secretary of State

**Current Principal Place of Business:**

2954 AIRGLADES BLVD.  
CLEWISTON, FL 33440

**New Principal Place of Business:**

26600 CR 835  
CLEWISTON, FL 33440

**Current Mailing Address:**

2954 AIRGLADES BLVD.  
CLEWISTON, FL 33440

**New Mailing Address:**

26600 CR 835  
CLEWISTON, FL 33440

FEI Number: 20-4384590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAX CO.  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202 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: BOND, PETER D  
Address: 2954 AIRGLADES BLVD.  
City-St-Zip: CLEWISTON, FL 33440 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WARNER, DAVID M  
Address: 26600 CR 835  
City-St-Zip: CLEWISTON, FL 33440 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: DAVID M. WARNER

MGRM

04/14/2008

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