

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000073953

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** COLON CYPRESS CREEK PROPERTIES, LLC

**Current Principal Place of Business:**

34514 WILLIAMS CEMETERY ROAD  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680  
DADE CITY, FL 33526

**New Mailing Address:**

**FEI Number:** 33-8524752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLON, EDWIN  
37223 MEDICAL DRIVE  
DADE CITY, FL 33525 US

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

COLON, EDWIN  
36739 SR 52  
STE. 102  
DADE CITY, FL 33525 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:** EDWIN COLON

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** COLON, EDWIN  
**Address:** 34514 WILLIAMS CEMETERY ROAD  
**City-St-Zip:** DADE CITY, FL 33525

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** EDWIN COLON

MGR

03/25/2009

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