

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082093

FILED
Jan 14, 2009
Secretary of State

Entity Name: CHASTAIN CYPRESS, LLC

Current Principal Place of Business:

9632 CROOKED STICK LANE
PORT SAINT LUCIE, FL 34988

New Principal Place of Business:

9632 CROOKED STICK LANE
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

POST OFFICE BOX 880908
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 20-1938467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASTAIN, OWEN F
9632 CROOKED STICK LANE
PORT SAINT LUCIE, FL 34986 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: MGRM () Delete
Name: CHASTAIN, OWEN F
Address: 9632 CROOKED STICK LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: OWEN F CHASTAIN

MGRM

01/14/2009

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