

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090178

Entity Name: CYPRESS MILLS, L.L.C.

FILED  
Mar 24, 2005  
Secretary of State

**Current Principal Place of Business:**

1965 STATE ROAD 3  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

28 CORDOVA STREET  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

66 CUNA STREET  
ST. AUGUSTINE, FL 32084

FEI Number: 68-0600876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOBSON, GEOFFREY B  
66 CUNA STREET, SUITE A  
ST. AUGUSTINE, FL 32084 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: JUTRAS, J. NORMAN  
Address: 310 PREMIER VISTA WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM ( ) Delete  
Name: JUTRAS, JOSEPH N JR.  
Address: 32 SEWARD ROAD  
City-St-Zip: STONEHAM, MA 02180

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JUTRAS, J. NORMAND  
Address: 310 PREMIER VISTA WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

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 Section 119.07(3)(i), 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: J.NORMAND JUTRAS

MGRM

03/24/2005

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