FILED
Apr 24, 2008 8:00 am
Secretary of State

03-10-2008 90332 019 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012255

1. Entity Name
CYPRESS HOMES, LLC

30004701

Principal Place of Business	Mailing Address
215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747	215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747

01222008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1313 Cypress Pointe Blvd		1313 Cypress Pointe Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Davenport, FL		City & State: Davenport, FL	
Zip: 33896	Country: USA	Zip: 33896	Country: USA

4. FEI Number APPLIED FOR 20-5237717 ☐ Applied For ☐ Not Applicab

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JEFFREY L
950 S. WINTER PARK DRIVE
SUITE 350-B
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accep the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WIGGINTON, WES 4303 VINELAND RD. ORLANDO, FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1313 Cypress Pointe Blvd Davenport, FL 33896	☒ Change ☐ Additic
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: