

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018751

FILED
Mar 20, 2009
Secretary of State

Entity Name: BRIDGE CYPRESS PROPERTIES, LLC

Current Principal Place of Business:

5950 PENINSULAR AVE
KEY WEST, FL 33040

New Principal Place of Business:

2128 BRANDON PARK CIRCLE
BRANDON, FL 33510

Current Mailing Address:

5950 PENINSULAR AVE
KEY WEST, FL 33040

New Mailing Address:

P.O. BOX 3638
BRANDON, FL 33509

FEI Number: 05-0617731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, ROGER P
5850 PENINSULAR AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

GREENE, ROGER P
2128 BRANDON PARK CIRCLE
BRANDON, FL 33510 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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRD () Delete
Name: GREENE, ROGER P
Address: 5950 PENINSULAR AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SNELL, MALCOLM M
Address: 313 BAVSLOG ST
City-St-Zip: GULFPORT, MS 39507

ADDITIONS/CHANGES:

Title: MGRD (X) Change () Addition
Name: GREENE, ROGER P
Address: 2128 BRANDON PARK CIRCLE
City-St-Zip: BRANDON, FL 33510

Title: D (X) Change () Addition
Name: SNELL, MALCOLM M
Address: 313 BAUSLOG STREET
City-St-Zip: GULFPORT, MS 39507

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: ROGER P. GREENE

MGRD

03/20/2009

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