


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90034 018 ****50.00

DOCUMENT # L05000030780	
--------------------------------	---

1. Entity Name
CYPRESS COVE 7, LLC

Principal Place of Business
730 MELANIE COURT
CANTON, GA 30115

Mailing Address
730 MELANIE COURT
CANTON, GA 30115



01202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2585275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, M. TODD ESQ
215 GRAND BOULEVARD STE 101
DESTIN, FL 32550

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTLEDGE, KEITH 730 MELANIE COURT CANTON, GA 30115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Allen Wright 6955 Brixton Place Suwanee GA 30024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Erickson (Managing Member) 16102 Sonosoles de Avila Tampa, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/07 678-640-5611

Date

Daytime Phone #