

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90102 044 \*\*\*\*50.00

<b>DOCUMENT # L05000050008</b>					
<b>1. Entity Name</b> CYPRESS RIDGE BUILDERS, LLC					
<b>Principal Place of Business</b> 132 WHITAKER ROAD SUITE A LUTZ, FL 33549			<b>Mailing Address</b> 132 WHITAKER ROAD SUITE A LUTZ, FL 33549		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07052008    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-1101871				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				30012291	
<b>6. Name and Address of Current Registered Agent</b>  COHN, VANESSA N ESQ. 1110 NORTH FLORIDA AVENUE TAMPA, FL 33602				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Greg Van Bebber 132 Whitaker Rd. Lutz, FL 33549					
Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carol Van Bebber 132 Whitaker Rd. Lutz, FL 33549					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Carol Van Bebber</u> <u>7/7/06</u> <u>813-909-1819</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					