

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052026

Entity Name: OLDE CYPRESS HOUSE, LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

360 NORTH BRIDGE ST.
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1285
LABELLE, FL 33975

New Mailing Address:

P.O. BOX 482
LABELLE, FL 33975

FEI Number: 20-2843545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCKEY, OWEN L JR
90 HOWE AVE.
LABELLE, FL 33935 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/MANAGERS:

Title: MGRM () Delete
Name: CASTILLO, MELISSA
Address: 360 NORTH BRIDGE ST.
City-St-Zip: LABELLE, FL 33935

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HICKS, CHASSEY J
Address: 360 NORTH BRIDGE ST.
City-St-Zip: LABELLE, FL 33935

Title: MGRM () Change (X) Addition
Name: WILKINS, JULIE C
Address: 360 NORTH BRIDGE ST.
City-St-Zip: LABELLE, FL 33935

Title: MGRM () Change (X) Addition
Name: WILKINS, WAYNE L
Address: 360 NORTH BRIDGE ST
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the 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: CHASSEY J HICKS

MGRM

04/12/2007

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