

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90273 020 \*\*\*138.75

**DOCUMENT # L05000052026**

1. Entity Name  
**OLDE CYPRESS HOUSE, LLC**



Principal Place of Business  
**360 NORTH BRIDGE ST.  
LABELLE, FL 33935**

Mailing Address  
**P.O. BOX 482  
LABELLE, FL 33975**

**00010000**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-2843545**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUCKEY, OWEN L JR  
90 HOWE AVE.  
LABELLE, FL 33935**

7. Name and Address of New Registered Agent

Name **CHASSEY J. HICKS**  
Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 482**  
City **LABELLE** **FL** Zip Code **33935**

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

*Chassey J. Hicks* **CHASSEY J. HICKS**

**3-7-08**

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

TITLE **MGRM** ☐ Delete  
NAME **HICKS, CHASSEY J**  
STREET ADDRESS **360 NORTH BRIDGE ST.**  
CITY- ST- ZIP **LABELLE, FL 33935**

TITLE **MGRM** ☐ Delete  
NAME **WILKINS, JULIE C**  
STREET ADDRESS **360 NORTH BRIDGE ST.**  
CITY- ST- ZIP **LABELLE, FL 33935**

TITLE **MGRM** ☐ Delete  
NAME **WILKINS, WAYNE L**  
STREET ADDRESS **360 NORTH BRIDGE ST**  
CITY- ST- ZIP **LABELLE, FL 33935**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

*Chassey J. Hicks*

**3-7-08**