

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052026

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: OLDE CYPRESS HOUSE, LLC

**Current Principal Place of Business:**

360 NORTH BRIDGE ST.  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 482  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 20-2843545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HICKS, CHASSEY J  
POB 482  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

HICKS, CHASSEY J  
455 BELMONT ST  
LABELLE, FL 33935 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:

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHASSEY J HICKS

MS

04/30/2009

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