2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# L05000060350

Entity Name: CYPRESS RIDGE PROFESSIONAL ASSOCIATES, LLC

Current Principal Place of Business:

1942 HIGHLAND OAKS BLVD
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

1942 HIGHLAND OAKS BLVD
LUTZ, FL 33559

New Mailing Address:

FEI Number: 54-2189855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSEQUIST, LINDA CMM
1942 HIGHLAND OAKS BLVD
LUTZ, FL 33559 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:	MGR ( ) Delete
Name:	ROSEQUIST, LINDA
Address:	1942 HIGHLAND OAKS BLVD
City-St-Zip:	LUTZ, FL 33559
Title:	MGR ( ) Delete
Name:	ROSEQUIST, ROBERT B M.D.
Address:	1942 HIGHLAND OAKS BLVD
City-St-Zip:	LUTZ, FL 33559
Title:	MGRM ( ) Delete
Name:	WATKINS, STANLEY MD
Address:	1942 HIGHLAND OAKS BLVD
City-St-Zip:	LUTZ, FL 33559
Title:	MGRM ( ) Delete
Name:	LEVIN, STEPHEN DRM
Address:	18101 HIGHWOODS PRESERVE STE 120
City-St-Zip:	TAMPA, FL 33647
Title:	MGRM ( ) Delete
Name:	WATKINS, CHRISTINE
Address:	1942 HIGHLAND OAKS BLVD
City-St-Zip:	LUTZ, FL 33559

ADDITIONS/CHANGES:

Title:	MGRM (X) Change ( ) Addition
Name:	ROSEQUIST, LINDA
Address:	1942 HIGHLAND OAKS BLVD
City-St-Zip:	LUTZ, FL 33559
Title:	MGRM (X) Change ( ) Addition
Name:	ROSEQUIST, ROBERT B M.D.
Address:	1942 HIGHLAND OAKS BLVD
City-St-Zip:	LUTZ, FL 33559
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 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: LINDA ROSEQUIST MGRM 02/20/2006

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