2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060350

Title:

Name:

Address:

City-St-Zip:

MGRM

LEVIN DIANE

TAMPA, FL 33647

() Delete

18101 HIGHWOODS PRESERVE SUITE 120

Entity Name: CYPRESS RIDGE PROFESSIONAL ASSOCIATES, LLC

FILED Jan 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1942 HIGHLAND OAKS BLVD 26827 FOGGY CREEK ROAD SUITE A SUITE 101 A LUTZ, FL 33559 WESLEY CHAPEL, FL 33544 **Current Mailing Address: New Mailing Address:** 26827 FOGGY CREEK ROAD 1942 HIGHLAND OAKS BLVD SUITE 101 A SUITE A LUTZ, FL 33559 WESLEY CHAPEL, FL 33544 FEI Number: 54-2189855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSEQUIST, LINDA C CMM 1942 HIGHLAND OAKS BLVD SUITE A LUTZ, FL 33559 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROSEQUIST, LINDA C CMM Name: Name: 1942 HIGHLAND OAKS BLVD SUITE A Address: Address: City-St-Zip: LUTZ, FL 33559 City-St-Zip: Title: MGR Title: () Delete () Change () Addition ROSEQUIST, ROBERT B M.D. Name: Name: Address: 1942 HIGHLAND OAKS BLVD SUITE A Address: City-St-Zip: LUTZ, FL 33559 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WATKINS, STANLEY E MD Name: Name: 1942 HIGHLAND OAKS BLVD SUITE A Address: Address: City-St-Zip: LUTZ. FL 33559 City-St-Zip: (X) Change () Addition Title: MGR () Delete Title: MGR Name: LEVIN, STEPHEN DRM Name: LEVIN, STEPHEN DRM 18101 HIGHWOODS PRESERVE STE 120 Address: Address: 26827 FOGGY RIDGE ROAD SUITE 104 D City-St-Zip: TAMPA, FL 33647 City-St-Zip: WESLEY CHAPEL, FL 33544 Title: MGRM () Delete Title: () Change () Addition WATKINS, CHRISTINE Name: Name: 1942 HIGHLAND OAKS BLVD SUITE A Address: Address: City-St-Zip: LUTZ, FL 33559 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.

Title:

Name:

Address:

City-St-Zip:

MGRM

LEVIN DIANE

(X) Change () Addition

26827 FOGGY CREEK ROAD SUITE 104 D

WESLEY CHAPEL, FL 33544

SIGNATURE: LINDA ROSEQUIST MGRM 01/12/2008