2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 08:00 Al Secretary of State

DOCUMENT # L05000076614 1. Entity Name CYPRESS CREEK PLAZA, LLC					Secretary of Sta				
1 '	e of Business FLORIDA AVE., SUITE 700 FL 33801	Mailing Address 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801		 - 				11 1 1/6 1 11 1	
2. Principal F	Pace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312007 Chg-	LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Number 20-3260649				pliad For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status	Desired		5.00 Add se Required	
	6. Name and Address of Current F	legistered Agent			7. Name and Address	of New Re	gistered Ag	ent	
Na Na									
C/O PETE 500 SOUT	.NE, PETER A R A. MCFARLANE, P.A. 'H FLORIDA AVENUE, SUITE 7	15		Street Address (I	P.O. Box Number is Not A	Acceptable)			, <u>-</u>
LANELANI	D, FL 33801			City			FL	Zip Code	•
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
FI D	iling Fee is \$50.00 ue by May 1, 2007					check pa Departmei			
9.	MANAGING MEMBER	IS/MANAGERS	10.		AD	DITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANCHOR INVESTMENT CORPORATION OF FLA. 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801				05/	U00000 17/07-	747865	□ Change 013 55	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete]	Change	Addition
TITLE NAME STREET ADDRESS OUTY-ST-ZIP	, N S						[_] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i			[Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete					(Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					ľ	☐ Change	Addition
indicated	ertify that the information supplied with to on this report is true and accurate and the cility company or the receiver or trustee a	nat my signature shall have t	he same	legal effect as if ma	ade under oath; that I am	atutes. I furti n a managin	ner certify th g member o	at the infor or manager	mation of the