

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

|                                                         |                                                                                   |
|---------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000035850</b>                          |  |
| 1. Entity Name<br><b>CYPRESS BEND CONSTRUCTION, LLC</b> |                                                                                   |

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br><b>4263 CYPRESS BEND<br/>GENEVA FL 32732</b> | Mailing Address<br><b>4263 CYPRESS BEND<br/>GENEVA FL 32732</b> |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 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 |

1st MOORE CR2E083 (10/07)

|                                                                    |  |
|--------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                    |  |
| <b>EDWARDS, MICHELLE<br/>4263 CYPRESS BEND<br/>GENEVA FL 32732</b> |  |

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| 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 type this or typed name of registered agent and date) (NOTE: Registered Agent's signature is required when changing) DATE \_\_\_\_\_

|                                                                                                                                                  |  |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b> |  | <b>000000916055</b><br><b>05/12/08-80012-024-138.75</b><br><b>ADDITIONS/CHANGES</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                             |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>EDWARDS, MICHELLE<br/>4263 CYPRESS BEND<br/>GENEVA FL 32732</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>SPRAGUE, STEVEN P<br/>4263 CYPRESS BEND<br/>GENEVA FL 32732</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>STAMPER, JAMES M<br/>4263 CYPRESS BEND<br/>GENEVA FL 32732</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |

| 10.                                            |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **April 25, 2008 321-403-2020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Chapter Page #