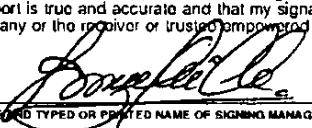


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-11-2007 90249 001 ***350.00

DOCUMENT # L06000037573 1. Entity Name CYPRESS POINT COMMONS STORAGE, LLC					
Principal Place of Business 223 DOLPHIN COVE CT. BONITA SPRINGS FL 34134			Mailing Address 223 DOLPHIN COVE CT. BONITA SPRINGS FL 34134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4616706	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, LUCY 223 DOLPHIN COVE CT. BONITA SPRINGS FL 34134				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MILLER, LUCY 223 DOLPHIN COVE CT. BONITA SPRINGS FL 34134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM LOVELESS, STEVE 223 DOLPHIN COVE CT. BONITA SPRINGS FL 34134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
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:  LUCY MILLER 6/23/07					