2008 LIMITED LIABILITY COMPANY

Apr 18, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #L06000052812 04-18-2008 90153 005 ***138.75 CYPRESS FALLS, LLC Principal Place of Business Mailing Address 50004546 14955 GULF BOULEVARD 14955 GULF BOULEVARD MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-4928450 Not Applicable Zip Country Zìp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNNING, RANDAL Street Address (P.O. Box Number is Not Acceptable) 14955 GULF BOULEVARD MADEIRA BEACH, FL. 33708 City 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGRM Change ☐ Addition TITLE Delete TITLE Gunning, Randal P. **GUNNING, RANDAL** NAME NAME 14955 GULF BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MADEIRA BEACH, FL 33708 CITY-ST-ZIP MGRM Delete TITLE ☐ Change ☐ Addition TITLE NAME KIGER, CHARLES NAME 14955 GULF BOULEVARD STREET ADDRESS STREET ADDRESS MADEIRA BEACH, FL 33708 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete □ Addition TITLE TITLE ☐ Change VOGT, EDWIN NAME 14955 GULF BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-7IP MADEIRA BEACH, FL 33708 City-St-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF

STREET ADDRESS

CITY-ST-7IP