IMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

FILED Mar 21, 2008 08:00 A DOCUMENT # L06000063922 **Secretary of State** 1. Entity Name CYPRESS, LLC Principal Place of Business Mailing Address 540 RUDDER ROAD 28 B REUBEN BROWN ROAD NAPLES, FL 34102 EXETER, RI 02822 US 02152008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5076255 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOYLE, GEORGE DO NOT WRITE 540 RUDDER ROAD NAPLES, FL 34102 IN THIS SPACE 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. brinted name of regi ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE **MGRM** DOYLE, GEORGE NAME STREET ADDRESS 28 B REUBEN BROWN ROAD CITY-ST-ZIP **EXETER, RI 28022** MGRM ШĒ U00000866159 04/08/08-80018-009 138.75 DOYLE, SUSAN NAME STREET ADDRESS 28 B REUBEN BROWN ROAD CITY-ST-ZIP **EXETER, RI 02822** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE ... , IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.