

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90163 009 ****50.00

DOCUMENT # L06000115415					
1. Entity Name FLORIDA CYPRESS HOMES, LLC					
Principal Place of Business 1812 COUNTY ROAD 340 S.E. MAYO, FL 32066			Mailing Address POST OFFICE BOX 1390 MAYO, FL 32066		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03142007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 76-0847541	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARKER, JAMES O JR 1812 COUNTY ROAD 340 S.E. MAYO, FL 32066				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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, JAMES O JR 1812 COUNTY ROAD 340 S.E. MAYO, FL 32066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, KATHERINE E 1812 COUNTY ROAD 340 S.E. MAYO, FL 32066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JAMES A 11146 114TH TRAIL LIVE OAK, FL 32060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, CRYSTAL R 11146 114TH TRAIL LIVE OAK, FL 32060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, CRYSTAL R 11146 114TH TRAIL LIVE OAK, FL 32060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, CRYSTAL R 11146 114TH TRAIL LIVE OAK, FL 32060	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, CRYSTAL R 11146 114TH TRAIL LIVE OAK, FL 32060	<input type="checkbox"/> Delete			
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.					
SIGNATURE: <u>Katherine E Parker</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					