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

FILED
Jun 18, 2008 8:00 am
Secretary of State
04-25-2008 90015 030 ***138.75

DOCUMENT # L07000032445

1. Entity Name

THE CYPRESS COMPANY AT SOUTH MAIN, LLC

Principal Place of Business	Mailing Address
1325 SNELL ISLE BLVD NE 211 ST. PETERSBURG FL 33704	PO BOX 7598 ST. PETERSBURG FL 33734

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tallahassee Fla.
Zip / Country	Zip: 32317-3633 / Country

4. FEI Number: 20-8111064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, BLAKE W 1325 SNELL ISLE BLVD NE 211 ST PETERSBURG FL 33704	Name: Jim Rudnick Street Address (P.O. Box Number is Not Acceptable) 220 N. Duval St City: Tallahassee FL Zip Code: 32317

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] DATE: 4/15/08

FILE NOW!!! FEE IS $138.75 !!!
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR THE CYPRESS COMPANY PO BOX 7598 ST. PETERSBURG FL 33734	☒ Delete	Rudnick Development 226 North Duval Street Tallahassee FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member James M. Rudnick P.O. Box 13633 Tallahassee, FL 32317	☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 605, Florida Statutes.

SIGNATURE: [signature] 4/15/08 850-671-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #