2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000060124

Entity Name: CYPRESS MEDICAL REPAIR LLC

Current Principal Place of Business:

2244 SE FEDERAL HWY #109
STUART, FL 34994

New Principal Place of Business:

10500 ULMERTON RD #726140
STUART, FL 34994

Current Mailing Address:

2244 SE FEDERAL HWY #109
STUART, FL 34994

New Mailing Address:

10500 ULMERTON RD #726140
LARGO, FL 33771

FEI Number: 30-0447825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWEN, GREGORY
2244 SE FEDERAL HWY #109
STUART, FL 34994 US

Name and Address of New Registered Agent:

BOWEN, GREGORY
10500 ULMERTON RD #726140
LARGO, FL 33771 US

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.

SIGNATURE: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOWEN, GREGORY W
Address: 2244 SE FEDERAL HWY #109
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BOWEN, GREGORY W
Address: 10500 ULMERTON RD #726140
City-St-Zip: LARGO, FL 33771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY W. BOWEN MGR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date