

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049120

FILED  
Jan 26, 2012  
Secretary of State

Entity Name: BIG CYPRESS GOLF HOLDING LLC

## Current Principal Place of Business:

1511 N. WESTSHORE BLVD.  
SUITE 300  
TAMPA, FL 33607

## New Principal Place of Business:

5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607

## Current Mailing Address:

1511 N. WESTSHORE BLVD.  
SUITE 300  
TAMPA, FL 33607

## New Mailing Address:

5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607

FEI Number: 26-2663413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMMUNITY INVESTMENT HOLDING LLC  
1511 N. WESTSHORE BLVD  
SUITE 300  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

COMMUNITY INVESTMENT HOLDING LLC  
5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607 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:

01/26/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRP  
Name: YOUNG, ROBERT B  
Address: 5600 US 98 NORTH, STE 7  
City-St-Zip: LAKELAND, FL 33809

Title: MGRV  
Name: SEMBLER, M. STEVEN  
Address: 5300 W. CYPRESS ST., STE 200  
City-St-Zip: TAMPA, FL 33607

Title: S  
Name: FANELLI, JULIE V  
Address: 5300 W. CYPRESS ST., STE 200  
City-St-Zip: TAMPA, FL 33607

Title: T  
Name: MCDONALD, KAREN  
Address: 5300 W. CYPRESS ST., STE 200  
City-St-Zip: TAMPA, FL 33607

I hereby 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: M. STEVEN SEMBLER

MGRV

01/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date