## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L99000004720

1 Entity Name

CYPRESS LAKES HOLDINGS, LLC



FILED

2001 APR 28 A II: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8011 LAND O'LAKES BLVD LAND O' LAKES, FL 34639 Mailing Address

8011 LAND O'LAKES BLVD LAND O' LAKES, FL 34639

04012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3622701

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHNE, KEVIN 8011 LAND O' LAKES BLVD LAND O' LAKES, FL 34639

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8.	. The above named entity submits this	s statement for the purpos	e of changing its regi	stered office or regis	stered agent, or bo	oth, in the State of Florida.	. I am familiar with,	and accept
	the obligations of registered agent.				=			
	- · ·				ſ	MODOTAT		ı

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating/ 28/04 01018 5004 \*\*55.00

## Filing Fee is \$50.00 + 5.00 > 55.06 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RUNYAN, DAVID
STREET ADDRESS	7831 KINROSS DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	MGRM
NAME	BOHNE, KEVIN
STREET ADDRESS	10013 CYPRESS SHADOW AVE
CITY-ST-ZIP	TAMPA, FL .
IIITE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 ellon this report is true and accurate and that my signature shall have the sa

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE