

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90131 013 ***158.75

DOCUMENT # L99000004720

1. Entity Name
CYPRESS LAKES HOLDINGS, LLC



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

20012338



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102005

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RUNYAN, DAVID
7831 KINROSS DRIVE
NEW PORT RICHEY, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
8011 LAND O LAKES BLVD.
LAND O LAKES, FL. 34639 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BOHNE, KEVIN
10013 CYPRESS SHADOW AVE
TAMPA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
8011 LAND O LAKES BLVD.
LAND O LAKES, FL. 34639 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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:

KEVIN P. BOHNE, PRESIDENT

2/10/2005

(813) 996-0019

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

Date

Daytime Phone #