

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005691

1. Entity Name
CYPRESS LAKES, LLC

Principal Place of Business
50 A1A NORTH, STE 103
PONTE VEDRA BEACH FL 32082

Mailing Address
50 A1A NORTH, STE 103
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business
9551 Baymeadows Road
Suite, Apt. #, etc.
Suite 4

3. Mailing Address
9551 Baymeadows Road
Suite, Apt. #, etc.
Suite 4

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32256

Country
USA

Zip
32256

Country
USA

4. FEI Number 59-3598811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARTLETT, BARON L P.A.
HWY A1A, SUITE 103
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name
Braren, Michael E.
Street Address (P.O. Box Number is Not Acceptable)
9551 Baymeadows Road, Suite 4
City Jacksonville FL Zip Code 32256

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.

SIGNATURE *Michael E. Braren*
Signature, typed or printed name of registered agent and title if applicable.

Michael E. Braren

4/16/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☒ Delete
NAME BRAREN, MICHAEL F
STREET ADDRESS 50 A1A NORTH, STE 103
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME BRAREN, MICHAEL E.
STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400004219514--5
CITY-ST-ZIP -05/16/01--01038--012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

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

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

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

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:

Michael E. Braren

Michael E. Braren
Managing Member

4/16/01

904/739-2249

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

Date

Daytime Phone #

0001787 AF

CR2E083 (11/00)

FILED

01 APR 30 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE