


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90313 029 ****50.00

DOCUMENT # L99000008779		
1. Entity Name JMC - CYPRESS LAKES, L.L.C.		

Principal Place of Business 3225 S MACDILL AVENUE SUITE 111 TAMPA, FL 33629	Mailing Address PMB #253 3225 S. MACDILL AVENUE, SUITE 129 TAMPA, FL 33629
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24014759

2. Principal Place of Business 1700 S. MacDill Ave.	3. Mailing Address 1700 S. MacDill, Ave.
Suite, Apt. #, etc. Suite 360	Suite, Apt. #, etc. Suite 360

City & State Tampa, Florida	City & State Tampa, Florida
Zip 33629	Country 33629



01262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1306116	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRYN, MARK J ONE BISCAYNE TOWER, SUITE 2680 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131		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
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CULVERHOUSE, JOY MCCANN 3301 BAYSHORE BLVD TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M, MGR Culverhouse, Joy McCann 1700 S. MacDill Ave., Suite 360 Tampa, Florida 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PURCELL, THOMAS K 3225 S. MACDILL AVE. #129, PMB #253 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Purcell, Thomas K 1700 S. MacDill Ave., Suite 360 Tampa, Florida 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lynch, Scott D 1700 S. MacDill Ave., Suite 360 Tampa, Florida 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bolano, Andres 134 Madiera Avenue Coral Gables, Florida 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Joy McCann Culverhouse</i>	Joy McCann Culverhouse	813-805-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 1-30-04 Daytime Phone #