



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000000293 1. Entity Name CYPRESS INSURANCE SERVICES, LLC	
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Principal Place of Business 13901 SUTTON PARK DRIVE SOUTH STE. 310 JACKSONVILLE, FL 32224	Mailing Address 13901 SUTTON PARK DRIVE SOUTH STE. 310 JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE


03222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3540759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARGER, GARY R
13901 SUTTON PARK DRIVE SOUTH STE. 310
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

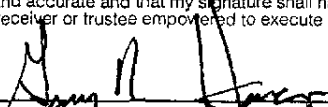
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARGER, GARY R 13901 SUTTON PARK DRIVE SOUTH STE. 310 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUGO, LONI G 13901 SUTTON PARK DRIVE SOUTH STE. 310 JACKSONVILLE, FL 32224
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IN THIS SPACE**

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03/23/05-80049-004 50.00

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:  **3-22-05 904-992-4492**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #