### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # M04000003724**

1. Entity Name
CYPRESS FLORIDA, LLC



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6111 PEACHTREE DUNWOODY RD.,NE,STE. B-102 ATLANTA. GA 30328

6111 PEACHTREE DUNWOODY RD., NE, STE. B-102 ATLANTA, GA 30328



04162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1499885 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 2301-2525

## 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOWI! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS 9. MGR TITLE **BULLINGTON, STANLEY R** NAME STREET ADDRESS 6111 PEACHTREE DUNWOODY RD., NE, STE, B-102 CITY-ST-ZIP ATLANTA, GA 30328 MGR TITLE COLLINS, WILLIAM R JR NAME 6111 PEACHTREE DUNWOODY RD., NE, STE. B-102 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30328 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

\_\_\_\_\_U00000905401 05/01/08-80050-024 138.75

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

E: SILICDIUM

4/110/08

770-391-1993

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

Date

Daytime Phone #