2nd NOTICE: **Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: $703.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M96000000313

FILED
97 SEP -2 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 588.75	Annual Report $100.00 + $103.75 Corporation Supplemental Fee + $385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M96000000313

CYPRESS REAL ESTATE COMPANY II, L.L.C.
SUNTRUST BANK
201 S. COURT STREET, SUITE 610
FLORENCE AL 35630

97-AR
CM

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

SUNTRUST BANK
201 S. COURT STREET, SUITE 61
FLORENCE AL 35630

2. Principal Place of Business	2a. Mailing Address
SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
08/21/1996	AL

4. FEI Number: 63-1178753 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City: FL / Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ABROMS, MARTIN R	201 S. COURT STREET, SUITE	FLORENCE AL

400002285914--0
-09/05/97--01094--005
****203.75 ****203.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 8/12/97 205-767-0740

ABROMS & ASSOCIATES, P.C.
CERTIFIED PUBLIC ACCOUNTANTS · MEMBERS OF THE AICPA TAX DIVISION

SunTrust/First National Bank Building
201 South Court Street • Suite 610 • P.O. Box 1426 • Florence, AL 35631
Phone (205) 767-0740 Fax (205) 767-0406

FILED
97 SEP -2 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Attn: Annual Report
P.O. Box 6327
Tallahasse, FL 32314

Re: Cypress Real Estate Company II, L.L.C.

This is notification that a first notice to file the Limited Liability Company Annual Report was not received. A second notification was received on August 12, 1997. Upon request of the customer assistant contacted, this letter, along with annual payment, has been submitted.