FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90249 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092698

1. Entity Name
CYPRESS RIDGE INVESTMENTS, INC.

11017404

Principal Place of Business	Mailing Address
7616 SOUTHLAND BV STE 200 ORLANDO, FL 32809	7616 SOUTHLAND BV STE 200 ORLANDO, FL 32809

2. Principal Place of Business	3. Mailing Address
7600 SOUTHLAND BLVD	605 CRESCENT EXECUTIVE CT
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 300
City & State: ORLANDO FL	City & State: LAKE MARY FL
Zip: 32809 Country: US	Zip: 32746 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3480108 — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVES, ROCKY
3575 W LAKE MARY BLVD
SUITE 107
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name: ROCKY GRAVES
Street Address (P.O. Box Number is Not Acceptable): 605 CRESCENT EXECUTIVE CT
SUITE 300
City: LAKE MARY FL Zip Code: 32746

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] 4-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAVES, ROCKY R 6578 UNIVERSITY BLVD. WINTER PARK, FL 32792	☐ Delete	CEO ROCKY R. GRAVES 605 CRESCENT EXECUTIVE CT STE 300 LAKE MARY, FL 32746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, WARREN 308 CRANE COVE LONGWOOD, FL 32750	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-22-03 407 324 0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)