


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90351 015 \*\*\*\*50.00

**DOCUMENT # L02000033027**

1. Entity Name  
**CYRUS DEVELOPMENTS, LLC**



Principal Place of Business  
**12550 BISCAYNE BLVD., SUITE 405  
 NORTH MIAMI, FL 33181**

Mailing Address  
**12550 BISCAYNE BLVD., SUITE 405  
 NORTH MIAMI, FL 33181**

**34005649**



2. Principal Place of Business  
**1911 HARRISON Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1911 HARRISON Street**  
 Suite, Apt. #, etc.

04142004 Chg-LLC CR2E083 (10/03)

City & State  
**Hollywood, Florida**

City & State  
**Hollywood, Florida**

Zip  
**33020**

Country  
**U.S.A**

Zip  
**33020**

Country  
**U.S.A**

4. FEI Number  
**65-1180639**

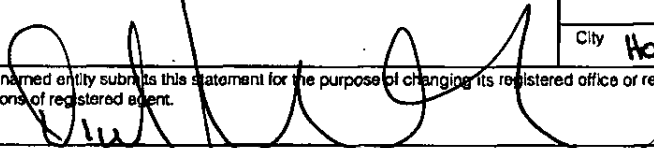
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**OSCAR GRISALES-RAINI, ESQ.  
 12550 BISCAYNE BLVD., SUITE 405  
 NORTH MIAMI, FL 33181**

7. Name and Address of New Registered Agent  
 Name  
**OSCAR GRISALES-RAINI, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1911 HARRISON Street**  
 City  
**Hollywood** FL Zip Code  
**33020**

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  DATE **04-30-04**

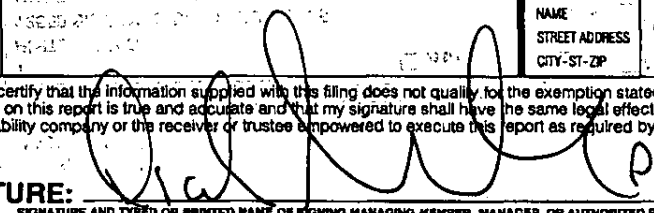
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
T PINTER, ERIC 12550 BISCAYNE BLVD., SUITE 405 NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete	TREASURER PINTER, ERIC 1911 HARRISON Street Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S USANDIZAGA, GUSTAVO 12550 BISCAYNE BLVD., SUITE 405 NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete	SECRETARY USANDIZAGA, GUSTAVO 1911 HARRISON Street Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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:  DATE: **04-30-04** (954) 929-0679

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