


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90332 014 \*\*\*\*50.00

**DOCUMENT # L02000034973**

1. Entity Name  
**SK CYPRESS, LLC**



Principal Place of Business  
**155 S. MIAMI AVE., PH 2-A  
 MIAMI, FL 33130**

Mailing Address  
**155 S. MIAMI AVE., PH 2-A  
 MIAMI, FL 33130**

**60047363**



2. Principal Place of Business - No P.O. Box #  
**333 S. Miami Avenue**

3. Mailing Address  
**333 S. Miami Avenue**

Suite, Apt. #, etc.  
**Ste. #150**

Suite, Apt. #, etc.  
**Ste. #150**

03132007 Chg-LLC CR2E083 (12/06)

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**05-0549459**

Applied For  
 Not Applicable

Zip Country  
**33130 USA**

Zip Country  
**33130 USA**

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

8. Name and Address of Current Registered Agent

**SIRLIN, DANIEL  
 155 S MIAMI ACE PH2A  
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name  
**Sirlin, Daniel**

Street Address (P.O. Box Number is Not Acceptable)  
**333 S. Miami Ave., Ste 150**

Suite  
**Suite 150**

City  
**Miami**

FL Zip Code  
**33130**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIRLIN, DANIEL 155 S MIAMI AVE PH-2A MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sirlin, Daniel 333 S. Miami Avenue Suite 150 Miami, FL 33130 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRINSKY, JEFF 155 S MIAMI AVE PH 2A MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Krinsky, Jeff 333 S. Miami Avenue Suite 150 Miami, FL 33130 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *[Signature]* **4-27-07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #