2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000008577

1. Entity Name
6950 CYPRESS, LLC

Principal Place of Business	Mailing Address
4140 BATTERSEA ROAD COCONUT GROVE, FL 33133 US	4140 BATTERSEA ROAD COCONUT GROVE, FL 33133 US

DO NOT WRITE IN THIS SPACE

03112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
75-3105347
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, MURRY
4140 BATTERSEA ROAD
COCONUT GROVE, FL 33133

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

Filing Fee is $50.00
Due by May 1, 2006

U00000518578
05/02/06-80017-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COHEN, MURRY
STREET ADDRESS	4140 BATTERSEA ROAD
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGR
NAME	KIRSHON, MICHAEL W
STREET ADDRESS	7700 W. CAMINO REAL
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGR
NAME	HARRIS, RICHARD H
STREET ADDRESS	6400 NORTH ANDREWS AVE., SUITE 320
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: x _____ x 4/15/06 x 305-740-6765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MURRY COHEN