

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


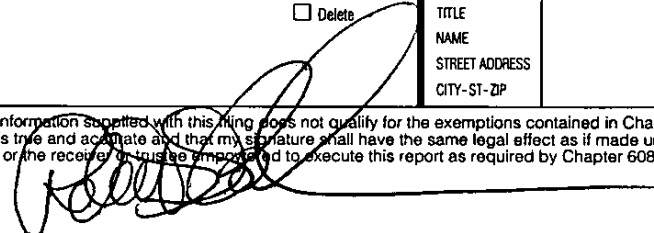
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Secretary of State

04-07-2006 90214 028 ****50.00

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03292006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000074270					
1. Entity Name MVP CYPRESS, LLC					
Principal Place of Business 2202 N. WEST SHORE BLVD. SUITE 500 TAMPA, FL 33607			Mailing Address 2202 N. WEST SHORE BLVD. SUITE 500 TAMPA, FL 33607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3215158	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KADOW, JOSEPH J 2202 N. WEST SHORE BLVD. SUITE 500 TAMPA, FL 33067			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KADOW, JOSEPH J		NAME		
STREET ADDRESS	2202 N. WEST SHORE BLVD., SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SULLIVAN, CHRIS		NAME		
STREET ADDRESS	2202 N. WEST SHORE BLVD., SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASHAM, ROBERT		NAME		
STREET ADDRESS	2202 N. WEST SHORE BLVD., SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information reported 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: 			Date: 3/30/06 813-282-1225		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		