


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3215158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KADOW, JOSEPH J
 2202 N. WEST SHORE BLVD.
 SUITE 500
 TAMPA, FL 33067

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

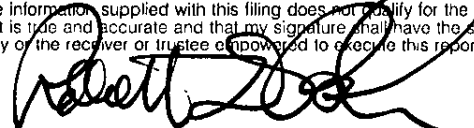
U00000895965
 04/24/08-80089-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KADOW, JOSEPH J 2202 N. WEST SHORE BLVD., SUITE 500 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, CHRIS 2202 N. WEST SHORE BLVD., SUITE 500 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASHAM, ROBERT 2202 N. WEST SHORE BLVD., SUITE 500 TAMPA, FL 33607
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:  4-11-08 813-282-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone 21147