


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000011917	
1. Entity Name CYPRESS, L.L.C.	

Principal Place of Business % SOUTHSTAR DEVELOPMENT PARTNERS, INC. 255 AHLAMBRA CIRCLE, SUITE 312 CORAL GABLES, FL 33134	Mailing Address % SOUTHSTAR DEVELOPMENT PARTNERS, INC. 255 AHLAMBRA CIRCLE, SUITE 312 CORAL GABLES, FL 33134
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03092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1045548	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 B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801

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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) U00000583748 11
Signature, typed or printed name of registered agent and title if applicable. 04/28/06-80058-007 50.00 11

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENSON, NATHAN C 448 VIKING DR., STE. 220 VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOTTLIEB, RAYMOND L 448 VIKING DR., STE. 220 VIRGINIA BEACH, VA 23452
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #