

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000012116**

1. Entity Name  
CYPRESS SHORES LLC



Principal Place of Business

1761 WEST HILLSBORO BLVD., SUITE 401  
DEERFIELD BEACH, FL 33442

Mailing Address

1761 WEST HILLSBORO BLVD., SUITE 401  
DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1044464

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, CHRISTOPHER P  
11098 BISCAYNE BLVD., SUITE 205  
MIAMI, FL 33161

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGRM  
CASTELLANO, WILLIAM  
1761 WEST HILLSBORO BLVD., SUITE 401  
DEERFIELD BEACH, FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
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TITLE  
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STREET ADDRESS  
CITY ST ZIP

1000000101935  
04/02/04-80032 021 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #