

FILED
May 24, 2002 8:00 am
Secretary of State

03-25-2002 90020 041 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001478

1. Entity Name

CYPRESS COMMONS, LLC

Principal Place of Business

3195 NORTH POWERLINE ROAD
SUITE 104
POMPANO BEACH FL 33069

Mailing Address

3195 NORTH POWERLINE ROAD
SUITE 104
POMPANO BEACH FL 33069

2. Principal Place of Business

1000 E. HILLSBORO BLVD

Suite, Apt. #, etc.

100

3. Mailing Address

1000 E. HILLSBORO BLVD

Suite, Apt. #, etc.

100

City & State

DUNFIELD BCH FL

Zip

33441

Country

USA

City & State

DUNFIELD BCH FL

Zip

33441

Country

USA

4. FEI Number

65-1071865

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNER, SCOTT
3195 NORTH POWERLINE ROAD
SUITE 104
POMPANO BEACH FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)

1000 E. HILLSBORO BLVD

#100

City

DUNFIELD BEACH

FL

Zip Code

33441

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGER
MARC KURZMAN
1000 E. HILLSBORO BLVD #100
DUNFIELD BCH FL 33441

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGING MEMBER
2AM - CYPRESS COMMONS, LLC
1000 E. HILLSBORO BLVD, STE 100
DUNFIELD BCH FL 33441

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CPRE003 (8/01)