## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000001478**

1. Entity Name

CYPRESS COMMONS, LLC



Principal Place of Business

1500 W. CYPRESS CREEK RD., STE 409 FORT LAUDERDALE, FL 33309

Mailing Address

1500 W. CYPRESS CREEK RD., STE 409 FORT LAUDERDALE, FL 33309

## FILED Mar 23, 2005 8:00 am Secretary of State

03-23-2005 90241 014 \*\*\*\*50.00

20024176



03142005 No Chg-LLC

CR2E083 (10/03)

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 1500 W. CYPRESS CREEK RD., STE 409 FORT LAUDERDALE, FL 33309

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		IN TINO OF AGE
8. The above the obligat	named entity submits this statement for the purpose of changing its registere ions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
*SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	J Agent signature required when reinstating) DATE
, Fi	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAM_CYPRESS COMMONS INC. BIP-UM JUC. 1500 W. CYPRESS CREEK RD., STE 409 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

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

3/17/05

Daytime Phone #