

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010374

1. Entity Name
CYPRESS CAY DEVELOPMENT COMPANY, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -7 AM 8:25

Principal Place of Business
3640 AIRPORT ROAD
BUILDING 12 - #1A
BOCA RATON, FL 33431 US

Mailing Address
P.O. BOX 811987
BOCA RATON, FL 33481-1987 US

DO NOT WRITE IN THIS SPACE

09062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1115847

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINSEY, JOHN T
P.O. BOX 811987
BOCA RATON, FL 33481-1987

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KINSEY, JOHN T
P.O. BOX 811987
BOCA RATON, FL 334811987

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000059819150
09/21/05--01026--014 **50.00

**DO NOT WRITE
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 #