2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90350 006 ****55.00

DOCUMENT # L01000019706

1. Entity Name
SYMPHONY BUILDERS AT CYPRESS LAKES PRESERVE, LLC

24036595

Principal Place of Business	Mailing Address
1700 N. UNIVERSUTY DR., STE. 302 CORAL SPRINGS, FL 33071	1700 N. UNIVERSUTY DR., STE. 302 CORAL SPRINGS, FL 33071

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03312004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 64-1156730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODHENBERG, LARRY A PA 900 NORTH FEDERAL HWY STE 460 BOCA RATON, FL 33432	Name: Rothenberg, Larry A PA Street Address (P.O. Box Number is Not Acceptable): 815 Coral Ridge Drive City: Coral Springs FL Zip Code 33071

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOSCOVITCH, LEWIS		NAME		
STREET ADDRESS	1700 N. UNIVERSUTY DR., STE. 302		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 4-2-04 954-341-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #