


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90159 021 ****50.00

DOCUMENT # L02000000636	
1. Entity Name CYPRESS WOODS DEVELOPMENT, LLC	

Principal Place of Business 516 DELANNOY AVE. COCOA, FL 32922	Mailing Address P.O. BOX 3767 COCOA, FL 32924
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2. Principal Place of Business 516 DELANNOY AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State COCOA FL	City & State
Zip 32922	Country

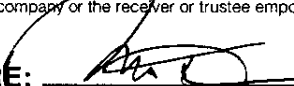
03192004 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2048723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KIRSKESENDAUM, MALCOM 516 DELANNEY AVE COCOA, FL 32922	7. Name and Address of New Registered Agent Name: Kirschenbaum, MALCOLM R Street Address: 516 DELANNOY AVE City: COCOA FL Zip Code: 32922
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM EKS, INC. 516 DELANNEY AVE COCOA, FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	516 DELANNOY AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Malcolm R Kirschenbaum	Date: 3/22/04	Daytime Phone #: 321-632-4141