## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # L02000000636 1. Entity Name CYPRESS WOODS DEVELOPMENT, LLC Principal Place of Business Mailing Address **516 DELANNOY AVE** P.O. BOX 3767 COCOA, FL 32922 COCOA, FL 32924 03302005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2048723 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIRSCHENBAUM, MALCOLM R DO NOT WRITE 516 DELANNOY AVE COCOA, FL 32922 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 MOTE Registered Agent signature required when rolnstating DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE EKS, INC. NAME 516 DELANNOY AVE STREFT ADDRESS CITY-ST-ZIP COCOA, FL 32922 TITLE ≗U00000304778 NAME 04/14/05-80054-022 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

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