2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000005680

1. Entity Name

CYPRESSWOOD PROPERTY INVESTMENTS, LLC



Principal Place of Business

2201 NW 30TH PLACE

SUITE A

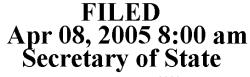
POMPANO BEACH, FL 33069

Mailing Address

2201 NW 30TH PLACE

SUITE A

POMPANO BEACH, FL 33069



04-08-2005 90280 021 ****50.00



02082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For 03-0402125 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401

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 May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ALNAJJAR, NADER
STREET ADDRESS	2201 NW 30TH PLACE, SUITE A
CITY-ST-ZIP	POMPANO BEACH, FL 33069
THTLE	MGR
NAME	CHALEFF, LAWRENCE N
STREET ADDRESS	2201 NW 30TH PLACE, SUITE A
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MGR
NAME	CLARK, SUSAN I
STREET ADDRESS	2201 NW 30TH PLACE, SUITE A
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MGR
NAME	DHANANI, MEENAZ
STREET ADDRESS	2201 NW 30TH PLACE, SUITE A
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MGR
NAME	LAL, SANJAY
STREET ADDRESS	2201 NW 30TH PLACE, SUITE A
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MGR
NAME	SHETTY, DAYANAND
STREET ADDRESS	2201 NW 30TH PLACE, SUITE A
CITY-ST-ZIP	POMPANO BEACH, FL 33069

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:

Ponunan;

3/3/05 1-40

401.239-914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #