

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0008265

DOCUMENT # L02000005680

1. Entity Name

CYPRESSWOOD PROPERTY INVESTMENTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 AM 8:42

W 8/20

Principal Place of Business

Mailing Address

C/O TAM REAL ESTATE FLORIDA, INC.
8556 PALM PARKWAY
ORLANDO FL 32836

C/O TAM REAL ESTATE FLORIDA, INC.
8556 PALM PARKWAY
ORLANDO FL 32836

2. Principal Place of Business

2201 NW 30th Place

3. Mailing Address

2201 NW 30th Place

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

03-0402125

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Valdes-Fauli Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

777 South Flagler Dr., Suite 500 East

City

West Palm Beach

FL

Zip Code
33401

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 BY:

Michael V. Mitrione

Michael V. Mitrione, Vice President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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03/22/03--01073--002 **4637.50

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Alnajjar, Nader 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Chaleff, Lawrence N. 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Clark, Susan I. 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Dhanani, Meenaz 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Lal, Sanjay 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Shetty, Dayanand 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	<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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

MEENAZ DHANANI

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

MEENAZ DHANANI

Date

(407) 239-9142

Daytime Phone #

CR2E083 (10/02)