2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007726

1. Entity Name
CYPRESS HOLDINGS, LLC

Principal Place of Business	Mailing Address
350 EAST LAS OLAS BOULEVARD, SUITE 1420 FORT LAUDERDALE, FL 33301	350 EAST LAS OLAS BOULEVARD, SUITE 1420 FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

04092004No Chg-LLC CR2E083 (10/03)

4. FEI Number
47-0868688
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, R.A.
350 EAST LOAS OLAS BLVD., SUITE 1420
FORT LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000114818
04/15/04-80065-020 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RODRIGUEZ, RAMON A
STREET ADDRESS	350 E. LAS OLAS SUITE 1420
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	MGRM
NAME	MOON, HARRY K
STREET ADDRESS	350 E. LAS OLAS SUITE 1420
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: R.O. Rodriguez 4/9/04 954-202-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #