

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90036 005 \*\*\*\*50.00

**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**

**55007507**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**AMERICAN INFORMATION SERVICES, INC.  
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**R. A. Rodriguez**

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

**350 EAST LAS OLAS BOULEVARD**

**Suite 1420**

City

**Fort Lauderdale**

FL

Zip Code

**33301**

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, 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**

9. MANAGING MEMBERS/MANAGERS

TITLE **M.M.** ☐ Delete  
NAME **Ramon A. Rodriguez**  
STREET ADDRESS **350 E. Las Olas Suite 1420**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE **M.M.** ☐ Delete  
NAME **HARRY K. MOON**  
STREET ADDRESS **350 E. Las Olas, Suite 1420**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (10/02)