

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000033027

1. Entity Name
CYRUS DEVELOPMENTS, LLC



Principal Place of Business
**2999 NE 191 STREET
PH 8
AVENTURA, FL 33180**

Mailing Address
**967 MARINA DR.
WESTON, FL 33327**



01152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1180639

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OSCAR GRISALES-RAINI, PA
2999 N.E. 191ST STREET
PH 8
AVENTURA, FL 33180**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	T
NAME	PINTER, ERIC
STREET ADDRESS	885 STILLWATER CT
CITY-ST-ZIP	WESTON, FL 33327
TITLE	S
NAME	USANDIZAGA, GUSTAVO
STREET ADDRESS	967 MARINA DR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000590973
01/19/07-80003-019 \$5.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **GUSTAVO USANDIZAGA**

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

1/16/07 (854)34

Date

Daytime Phone