2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L03000005953

Entity Name: CYPRESS SQUARE PROPERTIES, LLC

Current Principal Place of Business:

7980 SUMMERLIN LAKES DRIVE, SUITE 201
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

7980 SUMMERLIN LAKES DRIVE, SUITE 201
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMENAMY, JAMES B
7980 SUMMERLIN LAKES DRIVE, SUITE 201
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	WIDERSTROM TRUST, LL, C	
Address:	5080 CONDONS ST SE	
City-St-Zip:	PRIOR LAKES, MN 55372	
Title:	MGRM	( ) Delete
Name:	WIDERSTROM, LLC,	
Address:	5080 CONDONS ST SE	
City-St-Zip:	PRIOR LAKES, MN 55372	
Title:	MGRM	( ) Delete
Name:	MCMENAMY, LLC,	
Address:	7980 SUMMERLIN LAKES DRIVE, SUITE 201	
City-St-Zip:	FORT MYERS, FL 33907	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL D. JACOB ESQ 04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date