


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000005953 1. Entity Name CYPRESS SQUARE PROPERTIES, LLC	
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Principal Place of Business 7980 SUMMERLIN LAKES DRIVE, SUITE 201 FORT MYERS, FL 33907	Mailing Address 7980 SUMMERLIN LAKES DRIVE, SUITE 201 FORT MYERS, FL 33907
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02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0597000	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIDERSTROM TRUST, LLC 5080 CONDONS ST SE PRIOR LAKES, MN 55372
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIDERSTROM, LLC 5080 CONDONS ST SE PRIOR LAKES, MN 55372
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMENAMY, LLC 7980 SUMMERLIN LAKES DRIVE, SUITE 201 FORT MYERS, FL 33907
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03/22/07-80047-023 50.00

**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 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, OR AUTHORIZED REPRESENTATIVE

2-57

Date

Daytime Phone #