


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90351 017 *****50.00

DOCUMENT # L03000009569	
1. Entity Name CYRUS DEVELOPMENTS II, LLC	

Principal Place of Business 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL 33181	Mailing Address 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL 33181
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64000634



2. Principal Place of Business 1911 Harrison Street	3. Mailing Address 1911 Harrison Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04122004 Chg-LLC CR2E083 (10/03)

City & State Hollywood, Florida	City & State Hollywood, Florida
Zip 33020	Country U.S.A.

4. FEI Number 65-095 2716	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired. ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RACINI, OSCAR GRISALES ESQ 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL 33181	
7. Name and Address of New Registered Agent Name: RACINI, OSCAR GRISALES ESQ Street Address (P.O. Box Number is Not Acceptable): 1911 Harrison Street City: Hollywood FL Zip Code: 33020	

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

04/12/04 (954) 929-0678