

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016660

FILED
Apr 30, 2004
Secretary of State

Entity Name: CENTURY CYPRESS LANDING, LLC

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

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:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FALCONE, ARTHUR
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SRPINGS, FL 33065

Title: MGRM () Change (X) Addition
Name: FALCONE, EDWARD
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Change (X) Addition
Name: FALCONE, ROBERT
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

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: ARTHUR FALCONE

MGRM

04/30/2004

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