

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90372 010 \*\*\*\*50.00

**DOCUMENT # L03000019668**

**1. Entity Name**  
**CYPRESS DEVELOPMENT GROUP, LLC**



**Principal Place of Business**  
**% STILES CORP-ATTN: PATRICIA JONES**  
**300 S.E. 2ND ST.**  
**FT LAUDERDALE, FL 33301**

**Mailing Address**  
**% STILES CORP-ATTN: PATRICIA JONES**  
**300 S.E. 2ND ST.**  
**FT LAUDERDALE, FL 33301**

**60038891**



01112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>16-1671115</b>	<b>Applied For</b> <b>Not Applicable</b>
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**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JONES, PATRICIA**  
**STILES CORPORATION**  
**300 S.E. 2ND STREET**  
**FT LAUDERDALE, FL 33301**

**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**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>TIDWELL, JAMES</b>
<b>STREET ADDRESS</b>	<b>4313 NE 22ND AVE</b>
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE, FL 33308</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	

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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:** James W. Stiles 2/28/07 954/627-9340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #