

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021177

FILED
Feb 06, 2007
Secretary of State

Entity Name: CYPRESS CAPITAL ADVISORS, LLC

Current Principal Place of Business:

5301 GRANADA BLVD.
CORAL GABLES, FL 33146

New Principal Place of Business:

2655 LEJEUNE ROAD
SUITE 802
CORAL GABLES, FL 33134

Current Mailing Address:

5301 GRANADA BLVD.
CORAL GABLES, FL 33146

New Mailing Address:

2655 LEJEUNE ROAD
SUITE 802
CORAL GABLES, FL 33134

FEI Number: 33-1084726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, DAVID R ESQ
GABLES INTERNATIONAL PLAZA
2655 LEJEUNE ROAD, STE. 802
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GARCIA, DAVID R
GABLES INTERNATIONAL PLAZA
2655 LEJEUNE ROAD, STE. 802
CORAL GABLES, FL 33134 US

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: DAVID R GARCIA

02/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SALAS, AURELIO A
Address: 5301 GRANADA BLVD.
City-St-Zip: CORAL GABLES, FL 33146

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: GARCIA, DAVID R
Address: 2655 LEJEUNE ROAD, SUITE 802
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID R GARCIA

MGR

02/06/2007

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