


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

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

03-25-2004 90218 013 \*\*\*\*50.00

<b>DOCUMENT # L03000025202</b>			
1. Entity Name <b>CYPRESS PARK INVESTMENT, LLC</b>			
Principal Place of Business 1254 S. JOHN YOUNG PARKWAY, SUITE C KISSIMMEE FL 34741		Mailing Address 1254 S. JOHN YOUNG PARKWAY, SUITE C KISSIMMEE FL 34741	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>42-1599360</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHALIFOUX, THOMAS E JR.</b> <b>1254 S. JOHN YOUNG PARKWAY, SUITE C</b> <b>KISSIMMEE FL 34741</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when removing)	
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State! Due By May 1, 2004			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHALIFOUX, THOMAS E JR.</b>	NAME	
STREET ADDRESS	<b>1254 S. JOHN YOUNG PARKWAY, SUITE C</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>KISSIMMEE FL 34741</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS		STREET ADDRESS	<b>HARRY W. CHALIFOUX</b>
CITY - ST - ZIP		CITY - ST - ZIP	<b>3325 S. INDIANA AVE</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>SECRETARY</b>
STREET ADDRESS		STREET ADDRESS	<b>ADRIAN F. MCCLOSKEY</b>
CITY - ST - ZIP		CITY - ST - ZIP	<b>8660 CRETGATE CIR</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>Thomas E. Chalifoux</i>		Date: <b>2/2/04</b> 407 846 0977	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

**34003873**



MOORE CR2E083 (11/03)