


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90175 041 ****50.00

DOCUMENT # L03000025202 1. Entity Name CYPRESS PARK INVESTMENT, LLC	
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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
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DO NOT WRITE IN THIS SPACE

20013153



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 42-1599360	Applied For Not Applicable
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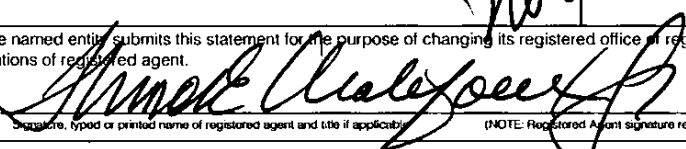
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHALIFOUX, THOMAS E JR.
1254 S. JOHN YOUNG PARKWAY, SUITE C
KISSIMMEE, FL 34741

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 2/15/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

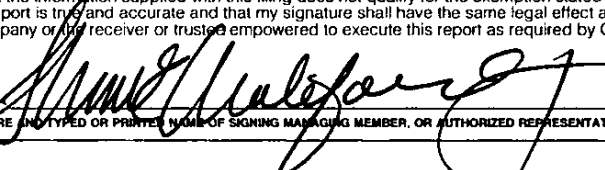
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHALIFOUX, THOMAS E JR. 1254 S. JOHN YOUNG PARKWAY, SUITE C KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHALIFOUR, HARRY N 3325 S. INDIANA AVE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLOSKEY, ADRIAN F 8660 CRESTGATE CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #