

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025202

FILED
Mar 16, 2009
Secretary of State

Entity Name: CYPRESS PARK INVESTMENT, LLC

Current Principal Place of Business:

1254 S. JOHN YOUNG PARKWAY, SUITE C
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1254 S. JOHN YOUNG PARKWAY, SUITE C
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 42-1599360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MGR () Delete
Name: CHALIFOUX, THOMAS E JR.
Address: 1254 S. JOHN YOUNG PARKWAY, SUITE C
City-St-Zip: KISSIMMEE, FL 34741

Title: V () Delete
Name: CHALIFOUX, HARRY W
Address: 6105 LAKE LIZZIE DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: S () Delete
Name: MCCLOSKEY, ADRIAN F
Address: 8660 CRESTGATE CIR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS E CHALIFOUX, JR

MGR

03/16/2009

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