

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-22-2004 90351 016 ****50.00



DOCUMENT # L03000034407
 1. Entity Name
 CYRUS DEVELOPMENTS IV, LLC

Principal Place of Business
 12550 BISCAYNE BLVD., STE. 405
 NORTH MIAMI, FL 33181

Mailing Address
 12550 BISCAYNE BLVD., STE. 405
 NORTH MIAMI, FL 33181

2. Principal Place of Business
 1911 Harrison street

3. Mailing Address
 1911 Harrison Street

Suite, Apt. #, etc.

City & State
 Hollywood, Florida

City & State
 Hollywood, Florida

Zip
 33020

Country
 U.S.A

Zip
 33020

Country
 U.S.A



04122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-0847746

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRISALES-RACINI, OSCAR ESQ
 12550 BISCAYNE BLVD., STE. 405
 NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent
 Name
 GRISALES-RACINI, OSCAR ESQ
 Street Address (P.O. Box Number is Not Acceptable)
 1911 Harrison Street
 City
 Hollywood FL Zip Code
 33020

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.

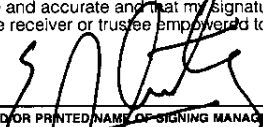
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ERIC PINTAR 1911 HARRISON STREET HOLLYWOOD, FLORIDA 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER GUSTAVO USUQUILAGA 1911 HARRISON STREET HOLLYWOOD, FLORIDA 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **04/12/04** (954) 928-0679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #