

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037966

Entity Name: CY HOLDINGS LLC

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

12454 S.W. 122 COURT
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

12454 S.W. 122 COURT
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 61-1435668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 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: MGRM () Delete
Name: CHIN, LINDA
Address: 13033 S.W. 104TH AVENUE
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: CHIN-YOU, DEBBIE
Address: 12307 S.W. 123RD TERRACE
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM () Delete
Name: CHIN-YOU, DAMIAN
Address: 12454 S.W. 122 COURT
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: TRIPODI, DEBBIE
Address: 12307 S.W. 123RD TERRACE
City-St-Zip: MIAMI, FL 33186 US

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

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: DAMIAN CHIN-YOU

MGMR

01/04/2006

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