2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037966

1. Entity Name
CY HOLDINGS LLC

Principal Place of Business	Mailing Address
12454 S.W. 122 COURT MIAMI, FL 33186 US	12454 S.W. 122 COURT MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
61-1435668	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139

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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: *Damian Chin-You*   DAMIAN CHIN-You   JAN 4, 2007

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHIN, LINDA
STREET ADDRESS	13033 S.W. 104TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	MGRM
NAME	TRIPODI, DEBBIE
STREET ADDRESS	12307 S.W. 123RD TERRACE
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	MGRM
NAME	CHIN-YOU, DAMIAN
STREET ADDRESS	12454 S.W 122 COURT
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/07--80027-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Damian Chin-You*   DAMIAN CHIN-You   JAN 4, 2007   305-496-9395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #