

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040754

FILED
Apr 06, 2009
Secretary of State

Entity Name: HPT-CYPRESS GROVE, LLC

Current Principal Place of Business:

401 EAST LAS OLAS BLVD, 130-482
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

401 EAST LAS OLAS BLVD, 130-482
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-1208045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, BRIANE J ESQ.
150 W. FLAGLER STREET
SUITE 2200
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: MGR () Delete
Name: SERRA, EUGENE E
Address: 401 EAST LAS OLAS BLVD, #130-482
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR () Delete
Name: DARLING, EVAN
Address: 401 EAST LAS OLAS BLVD, #130-482
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR () Delete
Name: GOWA, ANDREW
Address: 1525 LOCUST STREET #1000
City-St-Zip: PHILADELPHIA, PA 19102

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: EUGENE E. SERRA

MGR

04/06/2009

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