

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90081 006 ***50.00

DOCUMENT # L03000044070

1. Entity Name
ALHG CYPRESS LLC



Principal Place of Business
115 NW 167TH ST., STE. 300
NORTH MIAMI BEACH FL 33169

Mailing Address
115 NW 167TH ST., STE. 300
NORTH MIAMI BEACH FL 33169

2. Principal Place of Business
ONE SE 3RD AVE
Suite, Apt. #, etc.
3100

3. Mailing Address
ONE SE 3RD AVE.
Suite, Apt. #, etc.
3100

City & State
MIAMI FL
Zip
33131
Country
USA

City & State
MIAMI FL
Zip
33131
Country
USA



MOORE CR2E083 (11/03)

4. FEI Number
20-0404439
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN LAND HOUSING GROUP, INC.
115 NW 167TH ST., STE. 300
NORTH MIAMI BEACH FL 33169

Name
Street (Not Acceptable)
One SE 3rd Avenue
Suite 3100
City **Miami, FL 33131** Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC CYPRESS LTD ONE SE 3RD AVE STE 3100 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CC CYPRESS, LTD ONE SE 3RD AVE, Suite 3100 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CC CYPRESS, INC ONE SE 3RD AVE., Suite 3100 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GRANVILLE TRACY

4/27/04 (305) 664-1500
Date Daytime Phone #