

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000051985**

1. Entity Name  
CYPRESS DRIVE ASSOCIATES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 12 AM 9:18

Principal Place of Business  
7985 SE COUNTRY ESTATES WAY  
JUPITER, FL 33458

Mailing Address  
7985 SE COUNTRY ESTATES WAY  
JUPITER, FL 33458

*[Handwritten initials]*



**DO NOT WRITE IN THIS SPACE**

01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

~~06-12287237~~

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEROSE, FRANK A  
7985 SE COUNTRY ESTATES WAY  
JUPITER, FL 33458

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**

000085646270  
01/23/07--01006--004 \*\*50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LEROSE, FRANK A  
7985 SE COUNTRY ESTATES WAY  
JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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:** *Frank Leros*

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

Frank Leros

Date

Daytime Phone #

561 7466442