

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053536

Entity Name: CY INVESTMENTS, L.L.C.

FILED  
Feb 03, 2007  
Secretary of State

**Current Principal Place of Business:**

775 SW MUNJACK CIR.  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

775 SW MUNJACK CIR.  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 54-2136783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEMETRIS, ASPROMALLIS  
775 SW MUNJACK CIR.  
PORT ST LUCIE, FL 34996 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: ASPROMALLIS, DEMETRIS  
Address: 775 SW MUNJACK CIR.  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MGR ( ) Delete  
Name: NEOPHYTOU, NEOPHYTOS  
Address: 78 ITHAKIS STREET  
City-St-Zip: EGKOMI 2400, 0 NICOSIA CY

**ADDITIONS/CHANGES:**

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 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: DEMETRIS ASPROMALLIS

MGR

02/03/2007

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