

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000250

FILED  
May 01, 2006  
Secretary of State

Entity Name: CYPRESS INVESTMENTS, LLC

## Current Principal Place of Business:

1504 DAMON AVENUE  
KISSIMMEE, FL 34744 US

## New Principal Place of Business:

P.O. BOX 420849  
KISSIMMEE, FL 34742 US

## Current Mailing Address:

1504 DAMON AVENUE  
KISSIMMEE, FL 34744 US

## New Mailing Address:

P.O. BOX 420849  
KISSIMMEE, FL 34742 US

FEI Number: 80-0094145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DEPARI, CHARLES R JR.  
1504 DAMON AVENUE  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

DEPARI, DONNA M  
P.O. BOX 420849  
KISSIMMEE, FL 34742 US

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: DONNA M DEPARI

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DEPARI, CHARLES R JR  
Address: 1504 DAMON AVENUE  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DEPARI, CHARLES R JR  
Address: P.O. BOX 420849  
City-St-Zip: KISSIMMEE, FL 34742

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: DONNA M DEPARI

RA

05/01/2006

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