2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L04000005606

Entity Name: CYPRESS LAKE YOGURT LLC

Current Principal Place of Business:

7101 CYPRESS LAKE DRIVE
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12180 WELLESLEY COURT
FT. MYERS, FL 339138327

New Mailing Address:

FEI Number: 04-3784141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSSELMAN, SUSAN
12180 WELLESLEY COURT
FT. MYERS, FL 339138327 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: MUSSELMAN, DON
Address: 12180 WELLESLEY COURT
City-St-Zip: FT. MYERS, FL 339138327

Title: MGRM ( ) Delete
Name: MUSSELMAN, SUSAN
Address: 12180 WELLESLEY COURT
City-St-Zip: FT. MYERS, FL 339138327

Title: MGRM ( ) Delete
Name: BERIASHVILI, INGA
Address: 1152 SW 41ST ST
City-St-Zip: CAPE CORAL, FL 339145709

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: BERIASHVILI, INGA
Address: 13401-9 SUMMERLIN ROAD, #113
City-St-Zip: FORT MYERS, FL 33919

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: SUSAN MUSSELMAN MGRM 04/23/2007

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