


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

01-31-2005 90197 042 ****50.00

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000007537 |  |
| 1. Entity Name COSCAN CYPRESS PLAZA, LLC | |

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|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business 5555 ANGLERS AVENUE SUITE 1A FT. LAUDERDALE, FL 33312 US | Mailing Address 5555 ANGLERS AVENUE SUITE 1A FT. LAUDERDALE, FL 33312 US |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0655406** Applied For
Not Applicable

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

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| 6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES, LLC 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIAZZA, ALBERT 5555 ANGLERS AVENUE, SUITE 1A FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NEAL, MIKE 5555 ANGLERS AVENUE, SUITE 1A FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **X** **ALBERT C. PIAZZA** **1/20/05** **(954) 620-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #