

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016277

FILED
Jan 27, 2005
Secretary of State

Entity Name: CYPRESS POINTE PLAZA, LLC

Current Principal Place of Business:

20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 20-1802416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 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/MEMBERS:

Title: MGRM () Delete
Name: RAMOS, LISA
Address: 20801 BISCAYNE BLVD., SUITE 501
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: KATSIKOS, PAUL
Address: 20801 BISCAYNE BLVD., SUITE 501
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: LEOPOLD, NORMAN TRUSTEE
Address: 20801 BISCAYNE BLVD., SUITE 501
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: NORMAN LEOPOLD, TRUSTEE

MGRM

01/27/2005

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