


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90192 037 ****50.00

DOCUMENT # L04000016536	
1. Entity Name CYG VENTURES, LLC	

Principal Place of Business 4901 VINELAND RD, STE 340 ORLANDO, FL 32811	Mailing Address 4901 VINELAND RD, STE 340 ORLANDO, FL 32811
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2. Principal Place of Business - No P.O. Box # 6996 Piazza Grande Avenue	3. Mailing Address 6996 Piazza Grande Avenue
Suite, Apt. #, etc. Suite 311	Suite, Apt. #, etc. Suite 311
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32835	Country



02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2458979	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GREER, CHERIE 4901 VINELAND RD SUITE 340 ORLANDO, FL 32811	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6996 Piazza Grande Avenue Suite 311 City Orlando FL Zip Code 32835
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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 Cherie Greer DATE 2/14/07

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREER, CHERIE 4901 VINELAND RD, STE 340 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6996 Piazza Grande Avenue, Suite 311 Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cherie Greer DATE 2/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE