2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000022033

1. Entity Name

Cypress Marigold, LLC

NAME CHG. FILED 4/1/05

Principal Place of Business	Mailing Address
1541 SUNSET DRIVE, STE. 300 CORAL GABLES, FL 33143	1541 SUNSET DRIVE, STE. 300 CORAL GABLES, FL 33143

04012005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number *20-1692454*
Zip	Country	Zip	Country

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

Applied For / **Not Applicable**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGIER, GERALD M 1541 SUNSET DRIVE, STE. 300 CORAL GABLES, FL 33143	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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	MANAGER ☐ Delete Gerald M. Higier 1541 Sunset Drive, Suite 300 Coral Gables, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700052173217 04/27/05--01003--002 **655.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Gerald M. Higier* Gerald M. Higier 4/13/05 305-666-3140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #