2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000022033

1. Entity Name
CYPRESS MARIGOLD, LLC



SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 MAY 13 AM 8: 15

Principal Place of Business

1541 SUNSET DRIVE, STE. 300 CORAL GABLES, FL 33143

Mailing Address

1541 SUNSET DRIVE, STE. 300 CORAL GABLES, FL 33143



03172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For	
20-1692454	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HIGIER, GERALD M 1541 SUNSET DRIVE, STE. 300 CORAL GABLES, FL 33143 DO NOT WRITE
IN THIS SPACE

1			
8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the S	state of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		28791191 01009021 **638.75
9.	MANAGING MEMBERS/MANAGERS	03/00/00	01000 061 +-000-10
TITLE NAME	MGR HIGIER, GERALD M		
STREET ADDRESS	1541 SUNSET DRIVE, SUITE 300		• •
CITY-ST-ZIP	CORAL GABLES, FL 33143		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		
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11. I hereby certify that the information supplied with this filling 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 on the receiver or postee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

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

4/17/08

305 · 666-2140

Daytime Phone #