

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023894

Entity Name: CYPRESS SOUND, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

7751 KINGSPONTE PARKWAY, SUITE 124
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7751 KINGSPONTE PARKWAY, SUITE 124
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-0930853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE, STE 1500
ORLANDO, FL 32803 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/MANAGERS:

Title: MGRM () Delete
Name: DANIEL, HARPER S
Address: 7751 KINGSPONTE PARKWAY SUITE 124
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: ACROSS AMERICA REAL, ESTATE DEVELOP M ENT
Address: 1440 BLAKE STREET, # 330
City-St-Zip: DEVNER, CO 80202

Title: MGR () Delete
Name: DANIEL, HARPER E
Address: 7751 KINGSPONTE PARKWAY SUITE 124
City-St-Zip: ORLANDO, FL 32819

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 exemption stated in Chapter 119, 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: DANIEL E. HARPER

MGRM

04/27/2007

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