


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90059 050 ****50.00

DOCUMENT # L04000035851	
1. Entity Name CYPRESS BAY JZ, LLC	

Principal Place of Business 720 PELICAN POINT COVE BOCA RATON, FL 33431 US	Mailing Address 720 PELICAN POINT COVE BOCA RATON, FL 33431 US
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20051601



2. Principal Place of Business 2200 W. COMMERCIAL BLVD Suite, Apt. #, etc. 3RD FLOOR City & State FT. LAUDERDALE, FL Zip 33309 Country U.S.	3. Mailing Address 2200 W. COMMERCIAL BLVD Suite, Apt. #, etc. 3RD FLOOR City & State FT. LAUDERDALE, FL Zip 33309 Country U.S.
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01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ZIMMERMAN, JORDAN 720 PELICAN POINT COVE BOCA RATON, FL 33431	
7. Name and Address of New Registered Agent Name JORDAN ZIMMERMAN Street Address (P.O. Box Number is Not Acceptable) 2200 W. COMMERCIAL BLVD 3RD FLOOR City FT. LAUDERDALE FL Zip Code 33309	

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 Jordan Zimmerman Member DATE 4/19/2005

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, 2005	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: Jordan Zimmerman Member DATE 4/19/2005

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