2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State
04-20-2005 90033 030 ****50.00

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1. Entity Name
CYPRESS LAKE POINTE, LLC

30006384

Principal Place of Business	Mailing Address
7901 S.W. 6TH COURT, STE. 150A PLANTATION, FL 33324	7901 S.W. 6TH COURT, STE. 150A PLANTATION, FL 33324

02102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1390674 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, ELLEN, ESQ. THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, STE. 2400 MIAMI, FL 33131	Name: PETER C GARDNER Street Address (P.O. Box Number is Not Acceptable): 7901 SW 6CT #150 City: PLANTATION FL Zip Code: 33324

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: Peter C. Gardner DATE:
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P PETER C GARDNER 7901 SW 6CT #150 PLANTATION FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE S/T LUCILLE FITZGERALD 7901 SW 6CT #150 PLANTATION FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE D FRANK C GARDNER 7901 SW 6CT #150 PLANTATION FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE D W. JOHN DRISCOLL 30 EAST 7TH STREET ST PAUL MN 55101	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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: Peter C. Gardner 4-15-05 954 727-9335
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #